



What we know, what the programme has influenced and future recommendations.

Data Report - March 2025

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Background

- Based on evidence from the government's '**Women's Health Strategy: Call for Evidence**' (DHSC, 2022), which nearly 100,000 women in England responded to, and feedback from Dorset women, there are many issues with women's health services. For the purpose of this report, women report spending longer in pain, **waiting longer** for access to care and waiting longer for diagnoses when compared with men.
- In March 2023, the government announced £25 million for Women's Health Hub (WHH) expansion. This will support integrated care boards (ICBs) to introduce at least one WHH in areas where they do not currently exist or expand them to wider geographical areas in places where they are already established.
- One of the six priorities identified within the Dorset Women's Health Programme was a sub project supporting minoritised groups which amongst other objectives, aimed to support the following:

Examine DiiS data (and other data sources) and provide an overview of wait times for women of different ethnicity, and from different minority groups across Dorset.

Dorset's population



Population demographics of Dorset

Data from DiiS (correct as of 05/03/2025) shows:

- Dorset population count: 827,525
- Breakdown of ethnicities: 75% White British, 18% Community Minorities, 7% Unknown;
 - Asian British: 28,059, 3% of population, majority living in Central Bournemouth PCN
 - Black/African/Caribbean/Black British: 10,999, 1% of population, majority living in Bournemouth East PCN
 - Mixed/Multiple Ethnical Groups: 12,063, 1% of population, majority living in South Coast Medical PCN
 - Other Ethnic Group: 12,942, 2% of population, majority living in South Coast Medical PCN
 - Unknown/Not Recorded/Refused: 86,088, 10% of population, majority living in South Coast Medical PCN
 - White British: 618,140, 75% of population, majority living in Weymouth and Portland PCN
 - White Other: 59,278, 7% of population, majority living in Bournemouth East PCN

Population demographics of Dorset, continued

- 55-64 age range is the largest in the population, making up a total of 14%, the population is equally split between male and female
- Weymouth and Portland PCN has the largest number of patients registered
- Number of registered as homeless: 2,668,
 - PCN with largest number of homeless patients: 551 (21%) people in South Coast Medical PCN
 - Age group with largest number of homeless people: 25-44 (28% male, 14% female) & 45-64 (33% male, 10% female)
 - Ethnic breakdown of homeless people: 80% White British, 17% Community Minority, 3% unknown
- See [appendix 1 to 9](#) for population data from DiIS



The county of Dorset's population grew by **4.8%** from **744,000** to **779,800** between 2011 and 2021 but the working age population only increased by **1,900 (0.4%)**. The population of 65 and older increased by **32,100 (19.3%)**.

Office for National Statistics

Source: Dorset Intelligence and Insight Service (DiIS), [Dorset Community Foundation](#)

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Population demographics of Dorset – ethnicity and marginalised groups

In the 2025 update from [Dorset Community Foundation](#), their impact report shows that the majority of people to benefit from their funding fell under the theme of poverty and disadvantage. In this report they highlight key points which connect with the knowledge gathering we have completed and outline the impact and barriers that marginalised groups are facing.



Stigma and discrimination exacerbate isolation. Marginalised groups may not feel understood or welcome, and may have **additional barriers** to overcome such as language or trauma, which can make it difficult to access community activities.



In the BCP Council area **82%** of the population are from a white British background, **9%** from a white minority ethnic group and **9%** from all other ethnic minorities. Approximately **6.1%** of the Dorset Council population identified as being from an ethnic minority. The average for England & Wales is **18%**.

2021 Census



In the county of Dorset approximately **100** different languages are spoken as a 'first language'. The top 5, excluding English, are Polish, Portuguese, Romanian, Spanish and Hungarian.

2021 Census



Homeless people have often been impacted by multiple social issues in their lives, many of which have been explored in this report. They experience **social stigma** and often find it difficult to trust others, compounding the challenges of moving away from homelessness and **building the skills** they need to live independently.



Marginalised groups are disadvantaged by additional challenges such as **facing stigma and discrimination**, and barriers to accessing support. Being treated differently and feeling **less accepted** can lead to less inclination to seek support.

With thanks to:



Population demographics of Dorset – poverty and deprivation

The impact report also spoke of deprivation and challenges faced by those living in poverty, along with the direct impact it has on health.



Dorset has a number of **acutely deprived areas** (Somerford is one example) where residents have faced severe socio-economic deprivation for decades, and where social mobility is unlikely.



Poverty has a **direct impact** on health such as poor nutrition, poor mental health and worsening health conditions due to an **inability to keep warm**.

Source: [Dorset Community Foundation](#)



Around **8,300 children** are living in **absolute poverty** in the Dorset Council area, **11.4%** of those aged 0-19, while in the BCP Council area around **8,800** are living in absolute poverty, **9.8%** of those aged 0-19.

Department of Work and Pensions



45,200 people (**11%** of the BCP population) live in the 20% most deprived areas in England, while **83,800** (21% of the BCP population) live in the 20% least deprived areas in England.

State of BCP 2023



There are **11 areas** (out of a total of 219) in the Dorset Council area within the top **20% most deprived** nationally for multiple deprivation, up from 10 in 2015.

State of Dorset 2023

With thanks to:



“If you are Black, a woman, or from a deprived area, you are facing longer waits for treatment and potentially worse health outcomes – that is appalling. Whilst the causes of health inequalities are complex, there can be little doubt that increasing levels of poverty, sustained cuts to public health services and an under-resourced NHS are contributing factors.”

- **Patricia Marquis, Executive Director of RCN England**, responding to the Nuffield Trust and Health Foundation analysis of NHS waiting times (10/10/2024)

Health inequalities and NHS waiting lists

The current hospital backlog has had a huge impact on many patients waiting for treatment. But if you are a woman, on a low income or from an ethnic minority background, you are more likely to have a worse experience of waiting for care.



With NHS wait lists currently at over 6.3 million people, [Healthwatch wanted to understand the stories](#) behind those waiting for care.

- Last year, research by the King's Fund showed that the NHS backlog was disproportionately shouldered by people in poorer areas. Healthwatch conducted research which highlighted that people were unhappy with the communications they received and the lack of support the NHS gave them to help with things like pain relief or accessing physiotherapy.
- These concerns were not experienced equally by all, and findings were particularly stark among disabled people, those with long term health conditions, and those on lower incomes.
- Healthwatch's new poll of 1,000 adults on NHS waiting lists shows that a **poorer experience of waiting can be linked to factors such as wealth, disability, level of education, gender or ethnicity.**

What are inequalities on waiting lists and why do they happen?

There are structural, economic and social factors that can lead to inequalities on elective waiting lists. [The King's Fund analysis of national waiting times](#) data found that in August 2022, people who lived in the most deprived parts of England were twice (2.1 times) as likely to wait more than a year for elective treatment as people who lived in the most affluent areas. People with the same clinical needs might experience differences in the length of time they wait or the impact of waiting on their health and quality of life because:

- appointments can be difficult to attend – because someone cannot take time off work or does not have access to a car or public transport
- the NHS can be difficult to navigate – some people find it harder than others to articulate their health concern and advocate for treatment
- people reach the waiting list in different health states and deteriorate at different rates – there is evidence that people from more deprived areas are more likely to have multiple health conditions, deteriorate more quickly, develop complications while they wait and experience worse health outcomes
- individual circumstances affect whether a patient's condition affects their ability to work or fulfil caring responsibilities.
- This means that an approach to managing waiting lists that is based solely on treating people with similar clinical needs equally risks missing other factors that might widen inequalities. These causes of inequalities are likely to coalesce in different ways and to different degrees in different parts of England and for different specialties – meaning any action needs to be tailored locally.

Impact on Women

- Women are 28% more likely to wait over four months for NHS treatment than men (54% vs 42%).
- More women are also likely to experience adverse impacts of long waits compared to men. Most strikingly, women are 50% more likely to say that long waits impacted their ability to socialise than men (41% vs 28%).
- 38% of respondents who identified as female said that waiting for treatment impacted on their ability to work, compared to male respondents (29%).

Impact on people from poorer households

- This group has been hit hardest when it comes to how long they wait for treatment and the impact this has on their mental health and wellbeing and ability to work:
- Over half (54%) of respondents from lower income householders said they were either still waiting for NHS treatment or had to wait over four months before getting hospital treatment. This compares to 34% of people from higher income households.
- Fewer people on lower incomes (44%) reported being given a clear point of contact with the NHS. This compares to 55% of people from higher income households.
- Nearly twice as many people from poorer households (52%) said long waits affected their mental health when compared to responses from more affluent households (28%).
- And 39% of people from lower income households said long waits affected their ability to work, compared to 29% from richer households.

Impact on ethnic minorities

- Healthwatch's poll suggests there are ethnic differences when it comes to how easy people find to get hospital treatment. And when we combine them with factors, such as wealth and education, the disparities are far starker.
- Over half of ethnic minority respondents (57%) faced a delay to or cancellation of hospital treatment compared to 42% of white British respondents.
- Ethnic minority respondents from lower income households were hit hardest by having to wait longer for care. These individuals were almost twice as likely to report having faced a delay to or a cancellation of their treatment compared to white British respondents with higher wealth (63% vs 38%).
- Just half of the respondents (53%) from ethnic minority backgrounds with lower education felt well-informed about their treatment. This compared to 67% of white British people with higher education.

Impact on Disabled People

- Healthwatch's poll suggests that disabled people have had a worse experience of waiting for treatment than those who identified as non-disabled. Out of 20% of respondents who identified themselves as disabled, two-thirds (66%) waited more than four months for treatment, compared to 44% of those who are identified as non-disabled.
- Just over half of disabled respondents felt communications from the NHS about their care or treatment were clear and easy to understand compared to non-disabled respondents (57% vs 70%).
- Long waits also affect disabled people more than non-disabled people:
 - Ability to work (55% vs 29%).
 - Ability to carry out household tasks (51% vs 33%).
 - Ability to socialise (49% vs 31%).
 - Physical fitness (60% vs 40%).

Aims, deliverables and objectives

Aims of Report

1. Collate data to support what we know and identify our gaps in knowledge
2. Look at what the programme has influenced through our project group work
3. Identify future recommendations

The Dorset Women's Health survey (conducted in May/June 2024) found that respondents across all cohorts, including minoritised groups, identified “availability of appointments” as the biggest barrier to accessing healthcare, driving the focus of this report on appointment waiting times.

We have identified and explored the same three questions for collating national and local data against the project groups (See Slide 20).

Minoritised Groups and Mobile Support deliverables and objectives

Deliverables:

- An overview of data and a better understanding of wait times to support a focused, targeted approach
- Provide key improvements to support with the reduction of wait times

Objectives:

- Examine DiiS data and provide an overview of wait times for women of different ethnicity, and from different minority groups across Dorset.

Objectives, continued

Analysis from the data exercise also aims to identify key areas of disparities (and potential health inequalities) in wait times and geographical areas (including minority/inclusion groups) within Dorset to support the following objectives:

1. Identify national data and how this compares to local Dorset data
2. Identify disparities in wait times compared to different ethnicities/inclusion groups
3. Identify targeted geographical areas requiring further support
4. Inform services where the needs to support with future planning

Questions explored

Project group	Question 1	Question 2	Question 3
Menopause, long-acting reversible contraception (LARC), pelvic floor disorders (PFD), young women's physical and mental health (YWPMH)	What are the wait times in secondary care/specialist care for women in Dorset receiving treatment	In which geographical areas of Dorset are women waiting longer*	What ethnicities, language, disability, religion, gender, age and sexual orientation AND minority groups where possible within these areas of Dorset are waiting longer**
Young women's physical and mental health (YWPMH)	What is the uptake for HPV vaccination at the 6 identified schools in Dorset	In which geographical areas do these schools sit in	Catchment area – suggested findings where possible

* links to Core20 of the NHSE Core20PLUS health inequalities model

**links to PLUS part of the NHSE Core20PLUS health inequalities model



Challenges with data collection

During our discovery work, challenges with data collection meant we were unable to collect the level of detail outlined in the project group questions. We have summarised the barriers below:

- Demographic data on minorities or marginalised groups is not routinely collected, or can be unreliable
- Where there is demographic or deprivation data, it is often not conclusive or lacks much needed detail
- Available data for services often only provides a generic overview of the wider service with general waiting times
- It is not always clear who is responsible for data collection or storage
- Requests for data can result in delays to response times due to workforce pressures

Local and national data and findings for the project groups

Gynaecology

(menopause, LARC, PFD)

National data for gynaecology

- According to the waiting for a way forward report, in England:
 - 592,662 women were on the waiting list for gynaecology as of August 2024. This is a 107% increase since February 2020
 - In February 2020 just 66 women had been on the gynaecology waiting list for over 52 weeks, as of July 2024 this number had risen to 27,671
- The 2021 GIRFT report highlighted a barrier to providing gynaecology services in primary or intermediary care, with a recommendation being to lift the restriction on the insertion of intrauterine devices in contraceptive and sexual health services
- The Government response to women's reproductive health conditions agrees with the importances of robust data collection, following identification in the report that data and analysis must improve (see [appendix 10](#))

Dorset data for gynaecology

- Data from NHS My Planned Care (correct on 04/03/25) shows that average waiting times for first appointments in gynaecology, from GP referral, are as follows:
 - Dorset County Hospital: 17 weeks
 - University Hospitals Dorset: 24 weeks
- Data for Dorset in December 2024, from the RCOG Elective Recovery Tracker, shows that:
 - The waiting list per 100,000 was 2182.5. This is 7.4% higher than the national amount of 2032.4 per 100,000 and higher than the rest of the Southwest, according to the heat map (see [appendix 11 and 12](#))
 - 436 people were waiting longer than 52 weeks, this is down from 1,102 in May 2024

Waiting list overview for Gynaecology in Dorset

- In Dorset there are 89,388 patients on the waiting list, with 8,327 waiting for gynaecology ([see appendix 19](#)).

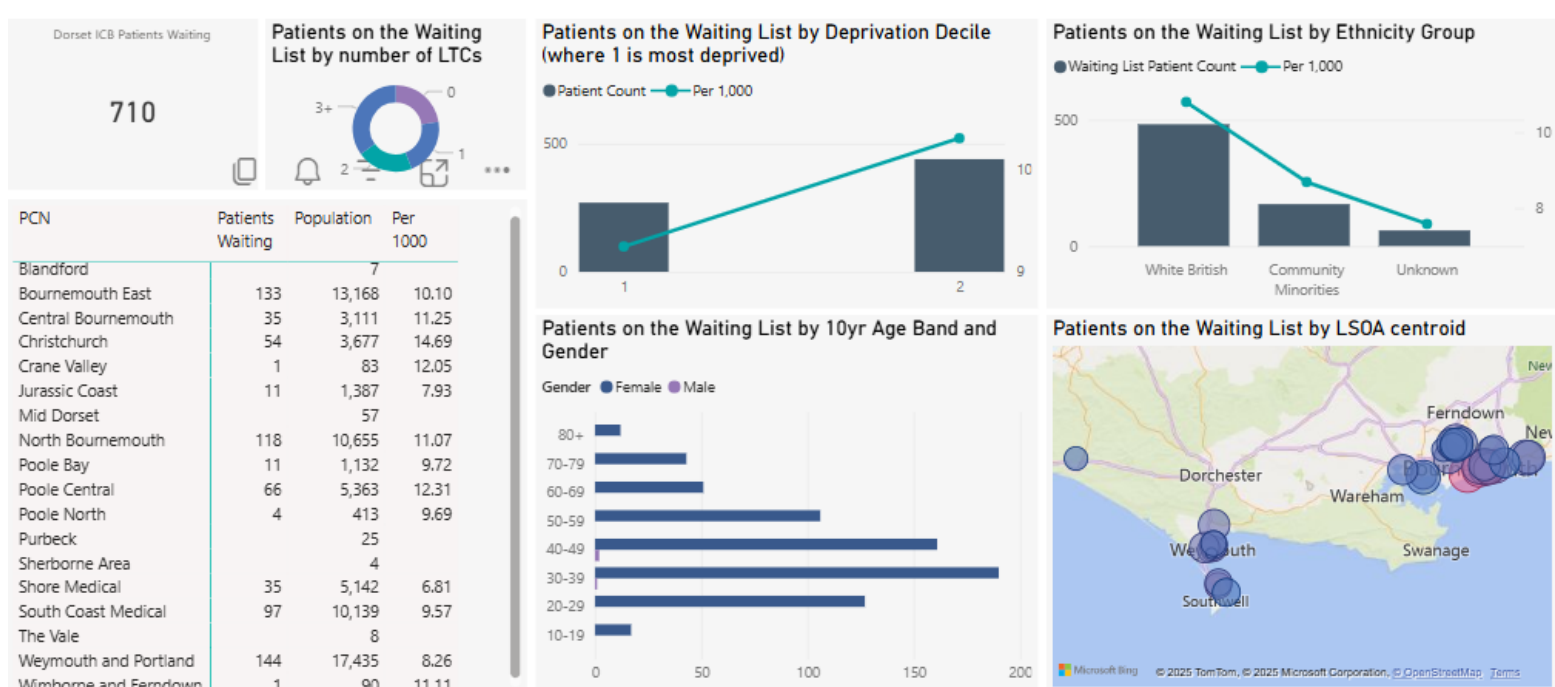
Hospital	Admitted	Non-admitted
University Hospital Dorset	1104	5587
Dorset County Hospital	281	1355

- By specialty, Gynaecology has the 4th largest waiting list and the 4th lowest performance.
- On the Gynaecology waiting list 49.8% of patients wait less than 18 weeks, with over 50% waiting more than 18 weeks and as a specialty they have the highest number of patients waiting more than 52 weeks with 6.9%.
- See [appendix 13 to 18](#) for breakdown of waiting list numbers by PCN.



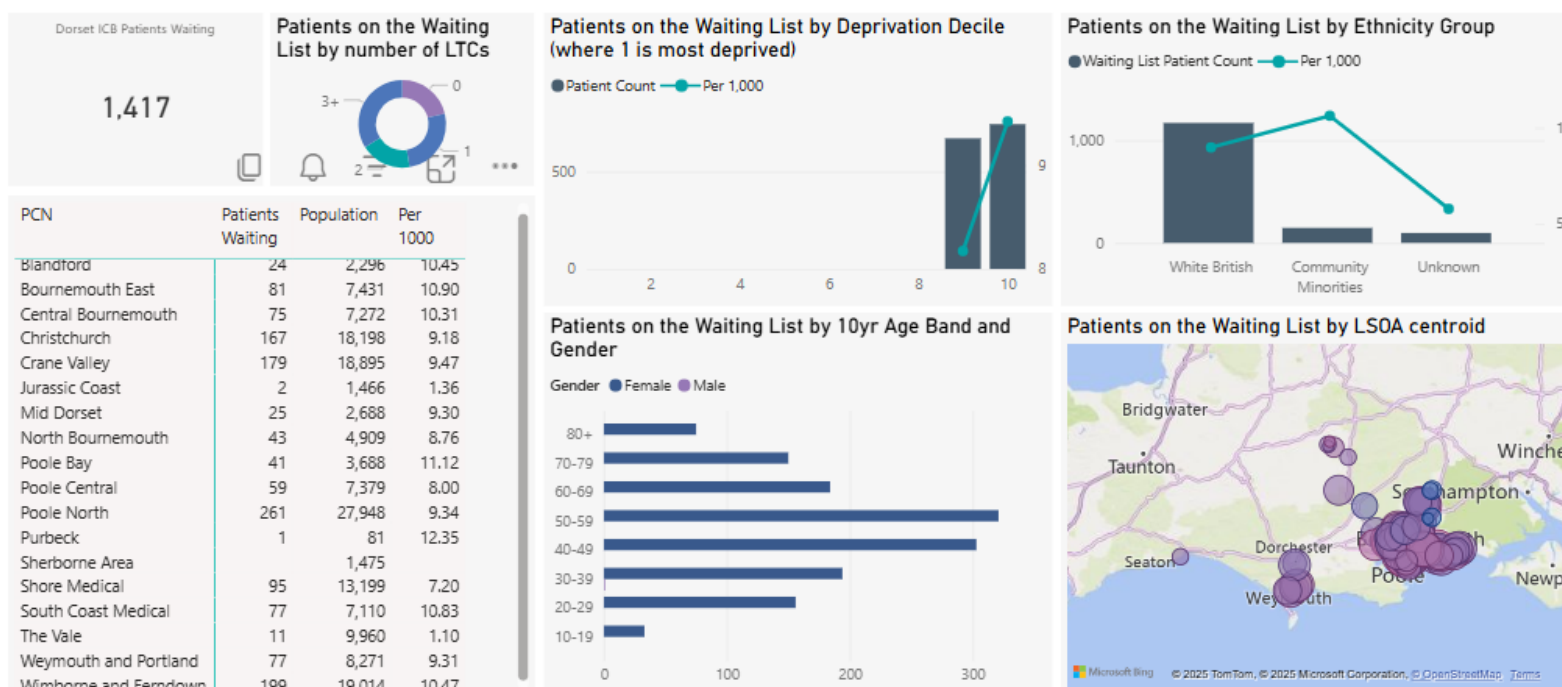
Gynaecology patients from the 20% most deprived

- 710 patients from the 20% most deprived are on the gynaecology waiting list.
- From the 20% most deprived, Weymouth and Portland (144), Bournemouth East (133) and North Bournemouth (118) have the highest number of gynae patients on a waiting list.



Gynaecology patients from the 20% least deprived

- 1,417 patients from the 20% least deprived are on the gynaecology waiting list.
- From the 20% less deprived, North Pool (261), Wimborne and Ferndown (199) and Crane Valley (179) have the highest number of gynae patients on a waiting list.



Dorset – information on Sex Workers from the Working Women's Group

- Detail has been provided from the working women's group around Sex Workers access to healthcare:
 - Waiting time for sex workers in Dorset are minimal as a drop-in service is provided.
 - Sex workers are a priority group and any sex workers accessing Sexual Health Bournemouth will be fast tracked into the next available appointment.
 - Dorset Working Women's Project will assist with their appointments by collecting patients, supporting them and transporting them home, if requested.
 - We offer them a range of services available under Sexual Health, including PrEP, Medtop, Sexual Health Screening and CASH. Sexual Health Bournemouth is in a prime location to meet the needs of the target population.
 - Working Women's Group - Dorset have contacted their Data Analysis and the information on LARC for sex workers is not recorded accurately, so they can't provide this.

Young women's mental health

Mental health facts – Children & Young People (CYP)

The incidence of probable **mental health problems** in the UK increased in **5-16-year-olds** from 10.8% in 2017 to **16.0%** in July 2020 – equating to around **7,500 5-16-year-olds** with a 'probable mental health problem' in the Dorset Council area and potentially **8,300 5-16-year-olds** in the BCP Council area.

Health Inequalities Report 2023



The pandemic together with the cost of living crisis may have caused a shift in priorities away from **health and self-care**, to tackling more practical, immediate and critical needs such as poverty, housing and employment. This may be one of the reasons we are seeing increased numbers of people **suffering mental health issues**.



Conditions can worsen whilst awaiting treatment and combined with the cost implications of alternative treatment options, people in **financially challenging** circumstances are often disproportionately affected.



Mental health issues in **young people** are also rising, reflected by demand on statutory and voluntary sector services, and alcohol use as a coping mechanism. Causes may include the impact of the pandemic, social media, and a **lack of early intervention** due to long waiting lists and high qualification requirements for statutory services.



The pandemic caused **significant disruption to education** and had a severe impact on the mental health, personal and social development of many young people. Leading to more young people, and from younger age groups, unable to cope with formal education.



More young people are impacted by **County Lines and gang exploitation** due to increased vulnerability to offers of financial reward. Funding is often directed to more urban counties and cities, so there is an **increasing risk** to young people in Dorset.

With thanks to:

BU Bournemouth University



Dorset population demographics – CYP focus

Number of CYP Living in Dorset

203,112

Number of CYP with a Long-Term Condition

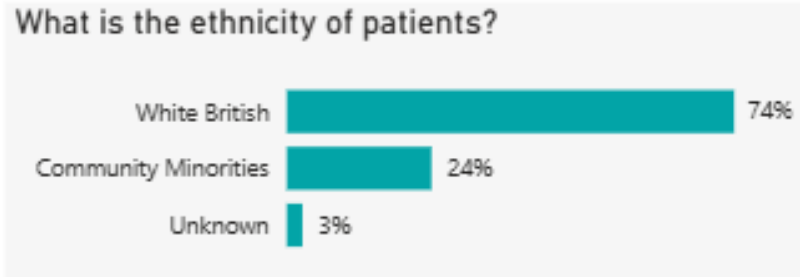
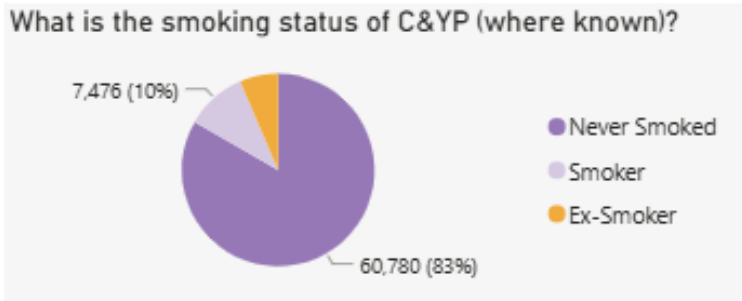
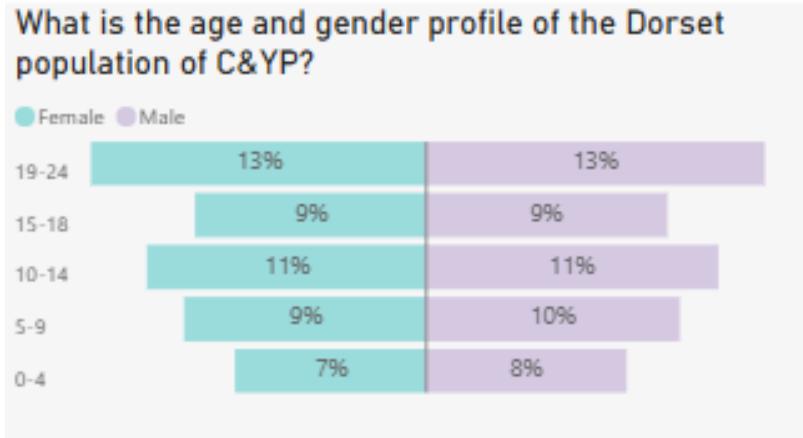
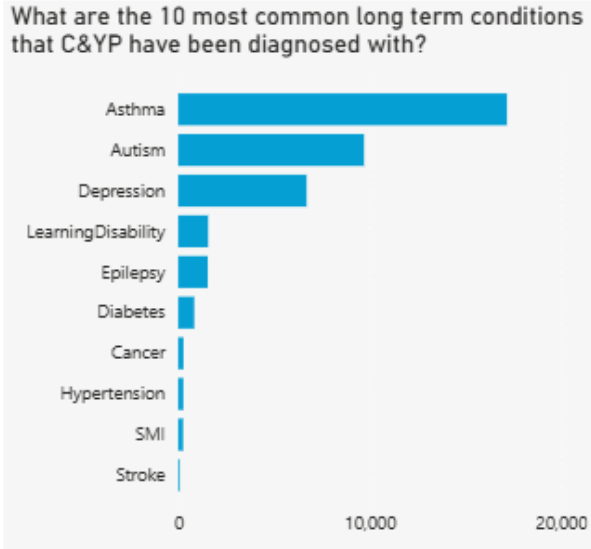
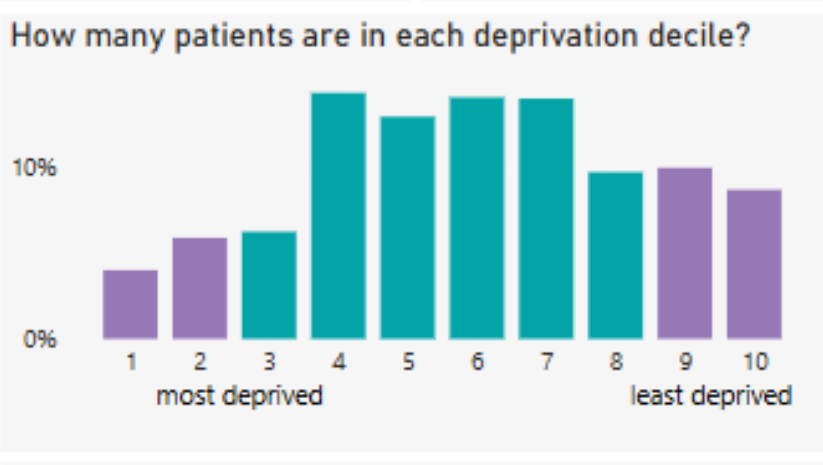
41,097

Number of CYP with a Learning Disability

1,565

Number of CYP identified as a Safeguarding Concern in GP data

30,516



Disability Facts – CYP living in Dorset



As a result of these increasing issues, more young people are lacking not only the qualifications they need to access further education or employment opportunities, but the **self-worth, aspirations and social skills** they need to thrive as adults – and compete for jobs.



Coupled with higher numbers of children with **Special Educational Needs** in Dorset and given the resource challenges facing schools, we need to appreciate that to achieve long term outcomes for young people with more complex needs, **long term and alternative support** is needed.

With thanks to:

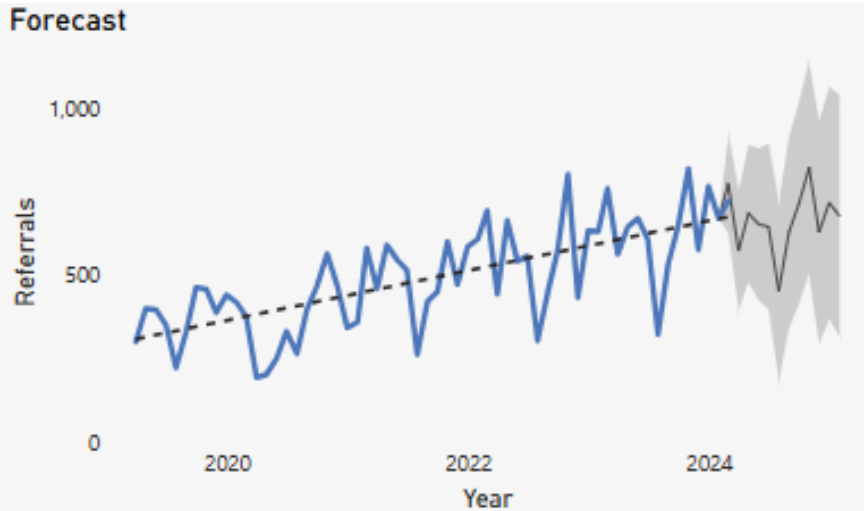
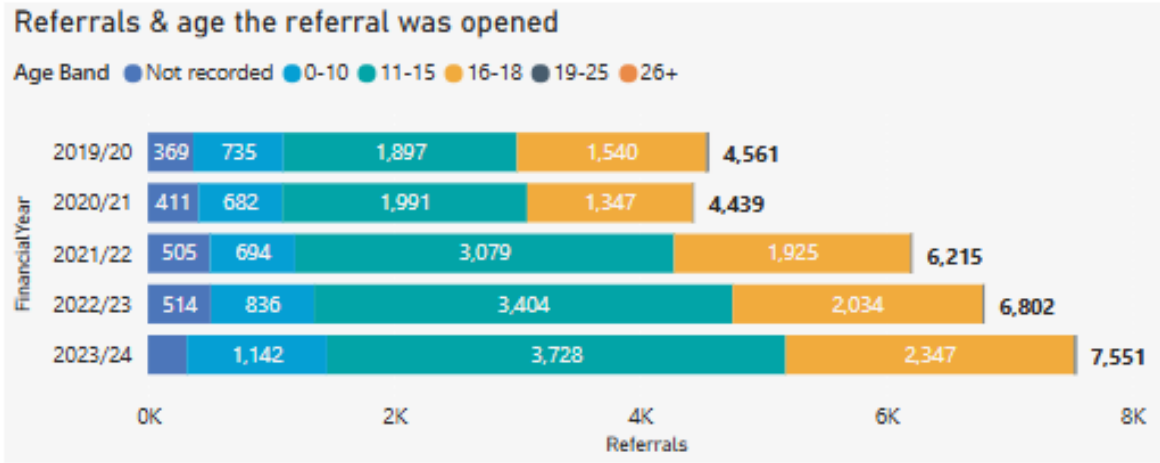
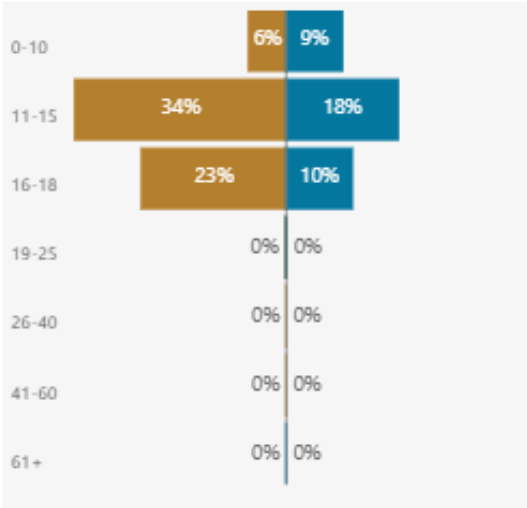
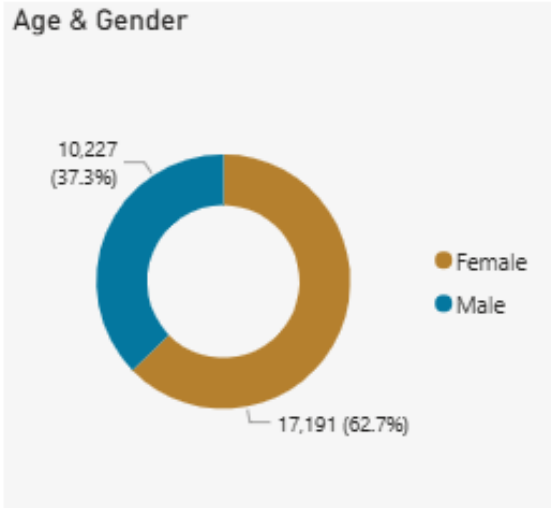
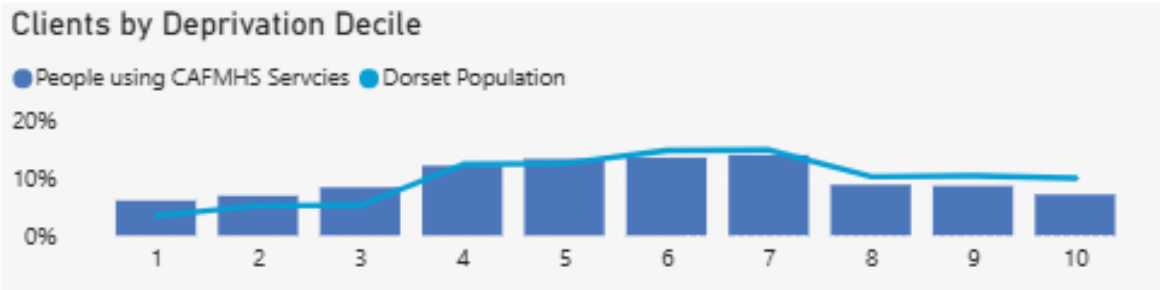


Source: [Dorset Community Foundation](#)

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Dorset population demographics – Child and Adolescent Mental Health Service (CAMHS) demographic chronological overview

Number people
accessing CAMHS since
2019
29,568



Sources: Dorset Intelligence and Insight Service (DiIS)

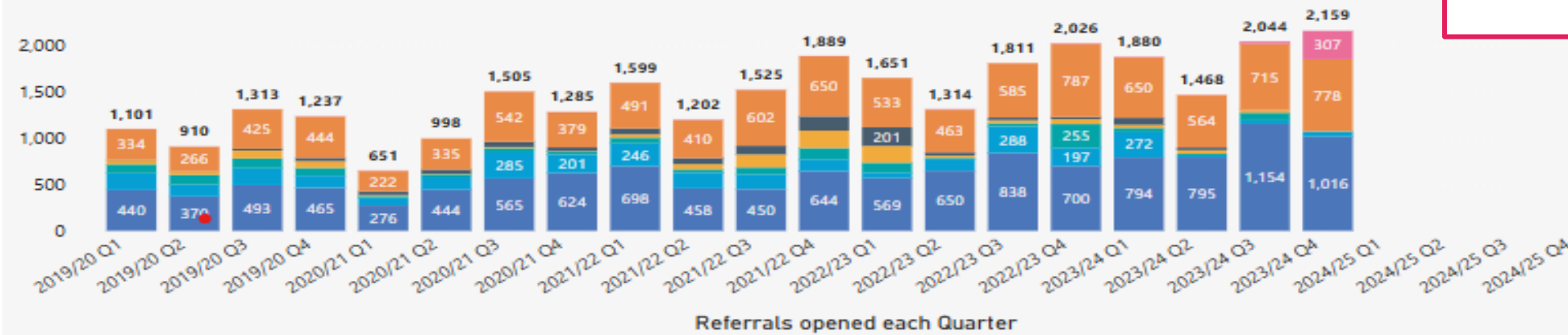
CAMHS historic caseload & wait time

Total OPEN referrals
(as of 3 March 25)

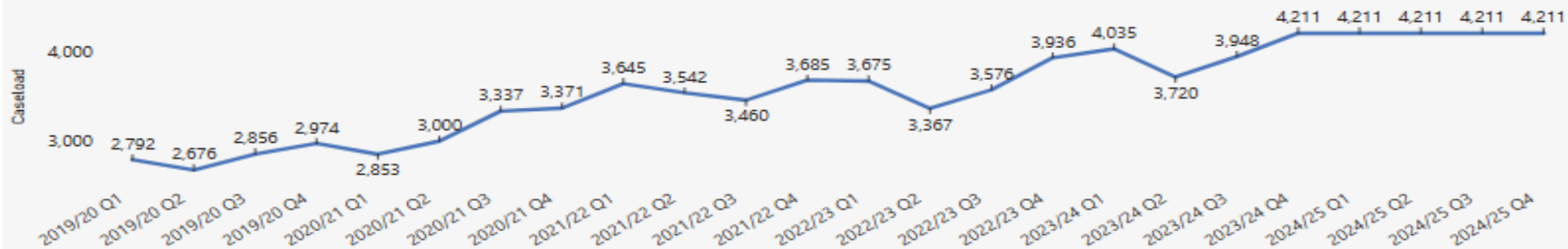
4,042

For the referrals opened this quarter what was the time between referral receipt and first contact?

0-4 Weeks 5-8 Weeks 9-12 Weeks 13-18 Weeks Over 18 Weeks Closed without contact Awaiting contact



Number of open cases at end of Quarter



Sources: Dorset Intelligence and Insight Service (DiIS)

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National CYP mental health data

- Nearly 500,000 female children and young people had active referrals for Children and Young People's Mental Health Services in England in 2023-24.
- A quarter (26%) of these people referred to mental health services were still waiting for support, while a fifth (21%) had their referral closed before accessing support.
- Over 35,000 female children and young people have waited over a year to access support in England in 2023-24.

* This data is for females aged 0 to 17.



Dorset CYP mental health data

- 7000 female children and young people had active referrals for Children and Young People's Mental Health Services in Dorset in 2023-24.
- 11% of these people referred to mental health services were still waiting for support, while 27% had their referral closed before accessing support.
- Over 165 female children and young people have waited over a year to access support in Dorset in 2023-24.

* This data is for females aged 0 to 17. Data for minorities or marginalised groups was not available for this review.



HPV vaccination uptake

National data for HPV vaccination uptake

- National data from UKHSA shows that the HPV vaccine uptake among school pupils is still below pre-pandemic levels of around 90%.
- In the 2023 to 2024 academic year, data shows that:
 - uptake among year 8 females was 72.9%
 - uptake among year 9 females was 74.1%
 - uptake among year 10 females was 76.7%

A systematic review, posted on PubMed, of six databases (searched from inception to October 2022) states that “the pooled uptake rate of at least one dose of HPV vaccine among ethnic minority adolescent girls was only 38%”.

HPV vaccination uptake in Dorset

- In the 2023 to 2024 academic year, Dorset had an HPV vaccination uptake of 49.4% with 3,553 out of 7,200 eligible female pupils vaccinated. Data for this cohort shows that:
 - uptake among year 8 females was 75.7%, 2.8% higher than the national average
 - uptake among year 9 females was 22.7%, 51.4% lower than the national average
 - uptake among year 10 females was 12.2%, 64.5% lower than the national average
 - uptake among year 11 females was 7.1%
- 44 comments have been provided from parents and schools:
 - Comments from parents include “more information”, “consent form is difficult to complete”, they would like “more time to complete the form” and that “students not always on site when visit is scheduled”.
 - Most comments from the school are around a “lack of interest” from parents
 - Another comment from parents and schools is “English not being a main language for some parents, difficulty understanding”.

Cervical cancer screening

National data for cervical screening

National data for 2023 – 2024, in England, shows that:

- 5.12 million individuals aged 25 to 64 were invited for screening and 3.25 million samples were tested
- A total 68.8% of eligible individuals were adequately screened, 0.1% more than the previous year
- The acceptable level of screening is 80%

A study on PubMed from 2015 found that “BAME women were more likely to be non-attenders than white British women (44–71% vs 12%)” Similarly, an analysis by Hull York Medical School in 2022 concluded that their “study supports previous research that ethnicity is a significant factor in predicting cervical screening uptake” and that “in highlighting ethnic inequalities in cervical screening, this study shows the importance of ensuring uptake of screening reaches all parts of the population.”

Sources: [Understanding cervical screening non-attendance among ethnic minority women in England – PubMed](#),
[A CROSS-SECTIONAL ANALYSIS OF ETHNIC INEQUALITIES IN CERVICAL SCREENING UPTAKE IN THE UK USING UNDERSTANDING SOCIETY – Hull York Medical School](#)

A pink circular logo with the text "Our Dorset" in white.

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Cervical screening data for Dorset

- 75.9% of Dorset's eligible population (91,079 people aged 25-64) were adequately screened in 2023 - 2024 (see appendix and appendix)
- This is compared to 71.6% across the Southwest and 68.8% across England
- Though Dorset's screening rate is higher than the Southwest and national averages, it still sits below the 80% acceptable level

A further breakdown of marginalised and minoritised groups has not been possible, with reports covering only local authority or age-related data. A recommendation from a Healthwatch report in 2024 called for *“NHS England to investigate solutions to ensure that disability and ethnicity data about people attending screening can be captured, analysed, and published alongside regional and age uptake data in the future. This would allow for a more comprehensive picture of uptake among diverse groups.”*

Summary



Data limitations?

- **Ethnicity:** Unknown/Not Recorded/Refused on DiiS accounts for 86,088 people in Dorset, this means 10% of Dorset population's ethnicity is not captured
- **Ethnicity:** is not broken down at a granular level, the umbrella term 'community minorities' is used which means specific ethnicity groups are not captured
- **Minority groups:** DiiS doesn't capture all data for inclusion groups therefore there is invisible data which means potentially, wait lists could be longer. Not all minoritised groups access mainstream services readily, often due to mistrust. However, sex workers are a priority group within drop-in services, and any sex workers accessing Sexual Health Bournemouth for example, will be fast tracked into the next available appointment

Data limitations, continued

Wait times:

- Wait lists are identified at a practice, ward and PCN level; from the 20% most deprived, Weymouth and Portland (144), Bournemouth East (133) and North Bournemouth (118) have the highest number of gynaecology patients on a waiting list, this is where targeted support could start
- Gynaecology wait times are based on an **average** only
- The waiting list per 100,000 was 2182.5. This is 7.4% higher than the national amount of 2032.4 per 100,000 and higher than the rest of the South West, according to the heat map ([see appendix 11](#))
- 436 people were waiting longer than 52 weeks, this is down from 1,102 in May 2024
- There is a lack of clarity and non-segregation of gynaecology data re: coil fits for non-contraception, pelvic floor dysfunction etc

Data limitations, continued

- **HPV uptake data:** data is held by the Dorset School Aged Immunisation Service and is not currently transferred onto DiiS, making it timely to access information rather than a single central resource
- In the 2023 to 2024 academic year, Dorset had an **HPV vaccination uptake** of 49.4% with 3,553 out of 7,200 eligible female pupils vaccinated.
- **Total open CAMHS referrals**, as of 3/3/25 in Dorset, was 4,042
- **Cervical screening:** 75.9% of Dorset's eligible population (91,079 people aged 25-64) were adequately screened in 2023 - 2024 (see [appendix 1](#) and [appendix 2](#)). This is compared to 71.6% across the Southwest and 68.8% across England. Though Dorset's screening rate is higher than the South West and national averages, it still sits below the 80% acceptable level

Results from the Women’s health digital survey

The survey was re-analysed and split out into minoritised groups and themes, broken down into ethnicity, sexual orientation and religion. Summary of results - comparison of marginalised groups against full cohort:

	Full cohort	White (non-English)	Mixed ethnicity	Asian ethnicity	Black ethnicity	Other ethnicity	Gender different to birth	Non-straight sexual orientation	Non-majority religion
Availability of appointments	1	1	1	1	1	1	1	1	1
Not feeling listened to	2	3	3	2	2	4	2	2	3
Time off of work	3	4	2	4	2	3	5	3	4
Lack of information available	4	2	4	3	1	2	4	4	2
Location	5	6	4	5	2	4	5	5	5
Other	6	5	5	6	3	4	3	7	6
Caring responsibilities	7	7	6	n/a	3	n/a	6	6	7
Transport	8	8	7	n/a	2	5	6	8	8

Table 1. shows the rankings of each barrier to accessing care as answered by each of the groups across the top. Where barriers were identified as equally important, the same number has been included, whilst the n/a has been used where groups did not select the identified barrier as preventing them from accessing care.



Challenges with coding

Please see the codes that appear when typing 'pelvic floor disorder' into the code browser:

These are the only codes that appear for pelvic floor disorders, and yet they are grouped under the 'disorder of pregnancy' hierarchy.

Code	READ Code
Other uterine/pelvic floor abn - baby delivered previously	XE0wO
Other uterine/pelvic floor abnormal - baby not yet delivered	XE0wN
Other uterine/pelvic floor abn - delivered+postpartum compl	XE0wM
Other uterine/pelvic floor abnormal affecting obstetric care	XE0wK
Other uterine/pelvic floor abnormality in preg/childb/puerp	XE0wJ

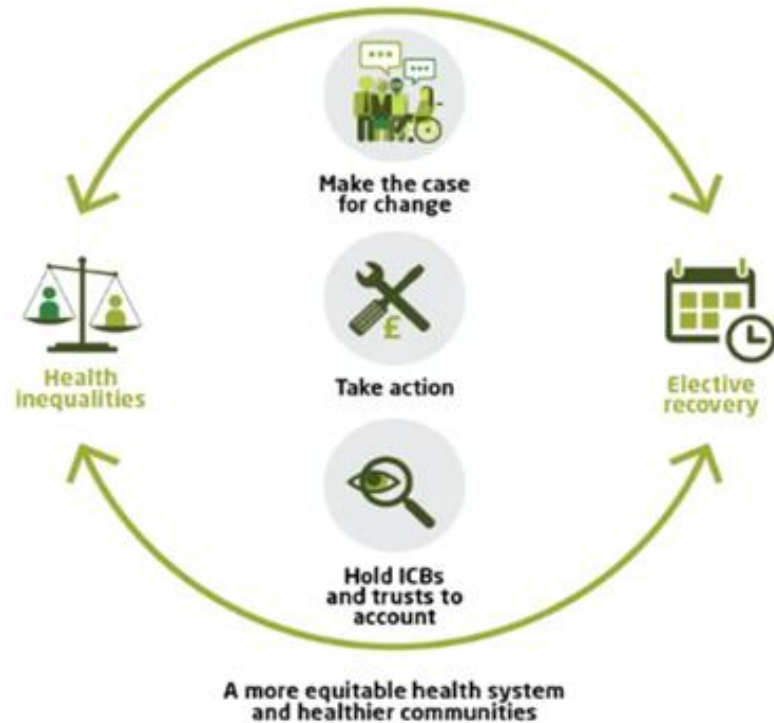
- There are wider inconsistency coding issues with pelvic floor disorder coding, there are multiple codes which are inconsistent across all the Dorset provider trusts and at a national level
- GP's find it challenging finding codes for menopause

Recommendations



So what?

Figure 1: Recommendations for bringing work on health inequalities and elective recovery together



Waiting lists are one place where the causes, experiences and consequences of health inequalities coalesce.

ICS & NHS trusts recommendations

Make the case for change

ICSs

- set a local vision for inclusive elective recovery with clear goals
- engage clinicians, operational leads and communities in the vision

NHS trusts

- work to engage the board, clinicians, operational leads and communities in a vision for inclusive recovery using local data to make the case for change

Take action

ICSs

- develop a quality data source that enables inequalities to be explored at system, place, trust and specialty level
- bring together key stakeholders to discuss the data
- identify and act on inequalities in use of NHS-funded independent sector care
- share best practice

NHS trusts

- highlight specific actions that staff can take to support change – for example approaches to data analysis, engaging communities, targeted work to reduce DNAs and prehabilitation
- work with local communities to understand why inequalities exist and what would work to address them.

Hold to account

ICSs

- track inequalities on waiting lists across their system as part of elective recovery monitoring and work with the ICP to consider what action can be taken at system level.

NHS trusts

- include performance measures relating to inequalities in their operational performance dashboards.

Healthwatch recommendations for providers

- Provide personalised care
- NHSE should work with patient organisations to improve My Planned Care and implement the Good Communication with Patients guidance.
- Everyone on the waiting list has an individual story behind their condition and communication needs. That is why personalised care is essential for the millions who have been waiting for care, in pain and often feeling forgotten over the past few years.
- My Planned Care is currently limited in the type of advice it provides people, with the level of personalisation only going as far as someone's clinical condition.
- When working to improve this platform, and the broader information and advice provided by trusts, the NHS needs to better understand people's experiences. This might include asking:
 - Why a patient might have rejected a new appointment date following a cancellation
 - Why they might have turned down the offer for transport to an alternative hospital for care
 - Why they haven't heard from the patient following recent contact

Data recommendations

- Segregate data rather than have it classified under one specialism; i.e. pelvic floor disorders is not captured as it sits within a generic gynaecology umbrella
- Coding needs to be captured consistently across Dorset especially in terms of pelvic floor disorders. Clinicians' subjective perspective denotes which coding is inputted into patient's primary care records so data within DiiS might not be accurate
- Capture wider ethnicity data, DiiS only captures 'Community Minorities', 'Unknown' or 'White British'.
- Capture additional data for marginalised groups (especially sex workers, Gypsy Roma Travellers and the homeless where a lot of data is invisible or missing on DiiS)
- Increase capacity enabling greater support with data exercise requests
- Ensure data is more readily available/accessible and consistent across the Dorset system
- More granular level data will provide a true picture, without this, this highlights a large gap in our knowledge
- Available HPV data on DiiS, by doing this we could review demographic and deprivation data which could be an achievable step towards better understanding of the uptake cohorts

How did our project group work influence wait times

Availability of appointments: this can be influenced programme wide through;

- menopause advice & guidance/support for primary care colleagues
- LARC and non-contraception coil fit community pathway
- clinical pathway supporting women with pelvic floor dysfunction through the use of M-technology (squeezy app)
- the above could also support access to appointments

Not feeling listened to:

- inclusivity and cultural competence staff training through the Minoritised Groups & Mobile Support project work could influence and start to address this and increased
- menopause advice & guidance/support for primary care colleagues will support them better to understand women's symptoms/care

Time off work: the Dorset Women's Health Online Resource could help influence with early and self-help and apps

Lack of information available:

- some communities prefer to translate materials themselves, and the Dorset Women's CIC will continue engaging and working with communities supporting with ongoing inclusive and accessible information
- HPV campaign in 6 targeted schools aimed to increase awareness and HPV vaccine uptake
- Dorset Women's Health Online Resource has a variety of physical and mental health and wellbeing advice covering all project groups

Location: Dorset women informed us that they would prefer a virtual/online resource providing information and advice which will also support people with caring responsibilities who are busy and families who find accessing transport challenging

Suggested next steps

- A separate piece of research to enable a cross-Wessex picture including HIOW – pool forces alongside a potential Bournemouth University research piece, e.g. a Women's Health Fellow could undertake this as part of their Masters in Research
- Work with Wessex Health Partners as a co-produced piece of work addressing gaps in research and data, collaborating with experts in the region to identify areas of immediate priority
- Rather than rely on routinely collected data a survey could be sent to all women asking if they've had a gynaecology appointment in the last 12 months, ask **THEM** about their wait times. Not only will this improve routinely collected data but will improve women's experiences. This information could include how long has it taken to go to their GP, how long has it taken for their GP to make a referral, how long has the wait time been in attending a secondary/specialist care appointment. We need focus on the life course of that woman's decision and understand stories from different ethnicities and minority groups. We also need to consider people who are financially marginalised, less educated etc which will all tell a truer picture
- A survey could be sent to young people asking if they've had a mental health appointment in the last 12 months and ask them about their wait times, this would aim to achieve life course data of that young person's decision
- Work with inclusion/minority groups to improve how NHS services can tailor services to meet their needs as many will not access mainstream services due to mistrust, this could be achieved with support from the integrated neighbourhood teams

Suggested next steps, continued

- Progress must be based on joint working between a range of organisations across the NHS, wider public services and voluntary sector. Admittedly, we also need to consider pressures, and every individual woman's history, personal story and the rationale behind this.
- There is already a great deal of great work happening across Dorset provided by various mobile support teams (e.g. the Health Bus). More integrated partnership working and engagement is suggested across different communities and at a system/provider/voluntary care sector level to understand the challenges that different minoritised groups and people from different ethnic backgrounds struggle with to start to reduce wait times. We need to hear their priorities and how we can provide a health service that meets their needs through an inclusive and co-productive approach that reduces the backlog and health inequalities
- 710 patients from the 20% most deprived are on the gynae waiting list. From the 20% most deprived, Weymouth and Portland (144), Bournemouth East (133) and North Bournemouth (118) have the highest number of gynae patients on a waiting list. This can be a starting point for targeted support.

Suggested next steps, continued

- **The Kings Fund report ‘The health of women from ethnic minority groups in England’** (6.3.2025) presents an overview of a complex topic to help inform policy-makers, integrated care boards (ICBs), people who provide public health, the NHS and other services that support health, voluntary organisations and the public about the health of women from ethnic minority groups
- The aim is to support the development and implementation of strategies to improve health and reduce inequalities among women from ethnic minority groups and increase public awareness of the issues and describes barriers that women from ethnic minority groups experience including accessing services

‘An approach to managing waiting lists that is based solely on treating people with similar clinical needs equally risks missing other factors that might widen inequalities. These causes of inequalities are likely to coalesce in different ways and to different degrees in different parts of England and for different specialties – meaning any action needs to be tailored locally.’

A red circular logo with the text "Our Dorset" in white. The word "Our" is on the top line and "Dorset" is on the bottom line.

Our
Dorset



Appendix



Appendix 1: Elective Care Health Inequalities, General Wait Times



Overview of Insights

The metrics on this page are for the latest quarter. The latest waiting list date for each provider may be different as UHD and DCH data can arrive at different times. Average waiting time is based on the median. Please note some visuals may take some time to load. Dorset Patients opted into DiiS only.



Dorset Intelligence & Insight Service
Last Refreshed: 06/03/2025

DCH Waiting List data up to: 02/03/2025

UHD Waiting List data up to: 02/03/2025

Outpatients data up to: January 2025

As at 05/03/2025 there are **86,059** people with unknown ethnicity recorded. This is **10.40%** of the Dorset Population.

Provider

All

Speciality

All

Priority Code

All

Waiting List Type

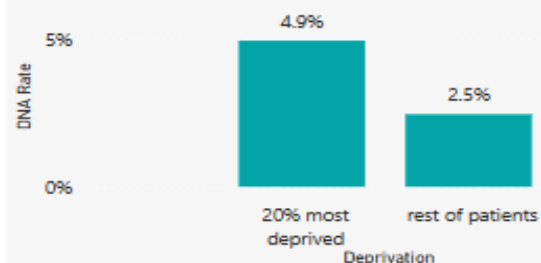
All

What are the key waiting list (closed pathways) metrics by deprivation group?

Deprivation	Patient Count	No who waited >52 weeks	% who waited >52 weeks	Average wait time
20% most deprived	2,097	134	6.4%	7.0
rest of patients	23,199	1,383	6.0%	7.0

Overall, the average wait time difference of the 20% most deprived patients compared to the rest of patients is **0.0** week(s)

DNA Rate by Deprivation

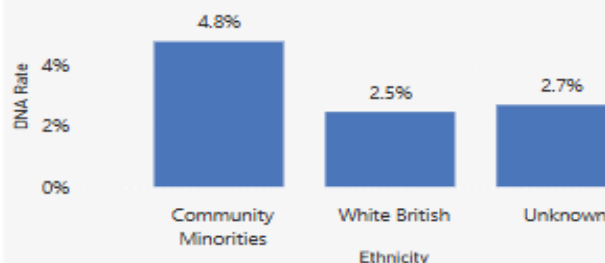


What are the key waiting list (closed pathways) metrics by Ethnicity Group?

Ethnicity	Patient Count	No who waited >52 weeks	% who waited >52 weeks	Average wait time
Community Minorities	2,402	152	6.4%	7.0
White British	21,273	1,290	6.2%	7.0
Unknown	2,200	112	5.2%	7.0

Overall, the average wait time difference of Community Minorities patients compared to White British patients is **0.0** week(s)

DNA Rate by Ethnicity

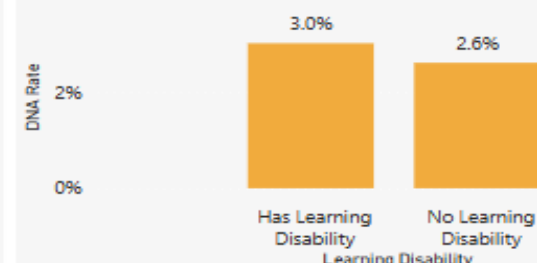


What are the key waiting list (closed pathways) metrics by Learning Disability status?

Learning Disability	Patient Count	No who waited >52 weeks	% who waited >52 weeks	Average wait time
Has Learning Disability	190	12	6.6%	9.0
No Learning Disability	24,194	1,458	6.2%	7.0

Overall, the average wait time difference of patients with a Learning Disability compared to patients without is **2.0** week(s)

DNA Rate by Learning Disability



Appendix 2: Dorset Learning Disability Population



Learning Disability Population

This page looks at the learning disability population aged 14 and over



Dorset Intelligence & Insight Service
Data up to: 05 March 2025

LD Population

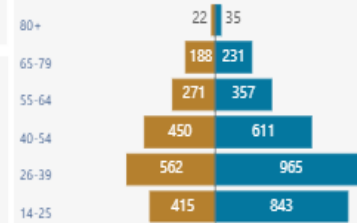
4,950

% Dorset Patients

0.60%

Age / Gender Breakdown

Female Male



Age

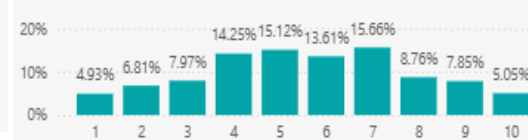
Enter min and max age required or use the slider

14

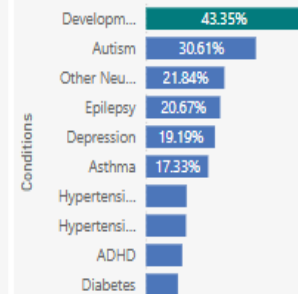
98



LD Population % by Deprivation Decile



Comorbidities



Long Term Other Conditions

Other conditions recorded in the last 12 Months

GP Surgery

Register %

Atrium Health Centre	41	0.83%
Barton House	17	0.34%
Beaufort Road Surgery	100	2.02%
Bere Regis Surgery	13	0.26%
Canford Heath Group Practice	48	0.97%
Cerne Abbas Surgery	10	0.20%
Christchurch Medical Practice	124	2.51%
Corfe Castle Surgery	27	0.55%
Crescent Providence Surgery	55	1.11%
Cross Road Surgery	61	1.23%
Denmark Road Medical Centre	113	2.28%
Dr Newman's Surgery	33	0.67%
Evergreen Oak Surgery	47	0.95%
...
Total	4,950	100.00%



Learning Disability Register

This page looks at the learning disability population aged 14 and over

LD Register

4,950

Active Community Team Referral

1,069 (21.6%)

PCN

Register Change (Last 12M) % Change (Last 12M) +/-

Blandford	140	6	4.5%
Bournemouth East Collaborative	334	-2	-0.6%
Central Bournemouth	233	7	3.1%
Christchurch	263	7	2.7%
Crane Valley	214	8	3.9%
Jurassic Coast	159	4	2.6%
Mid Dorset	286	6	2.1%
North Bournemouth	375	-1	-0.3%
Poole Bay and Bournemouth	45	0	0.0%
Poole Central	531	7	1.3%
Poole North	253	1	0.4%
Purbeck	212	3	1.4%
Sherborne Area	100	-2	-2.0%
Shore Medical	305	3	1.0%
South Coast Medical	329	8	2.5%
The Vale	287	5	1.8%
Weymouth and Portland	701	8	1.2%
Wimborne and Ferndown	183	9	5.2%
Total	4,950	77	1.6%

Appendix 3: Dorset SMI Population



Serious Mental Illness Population

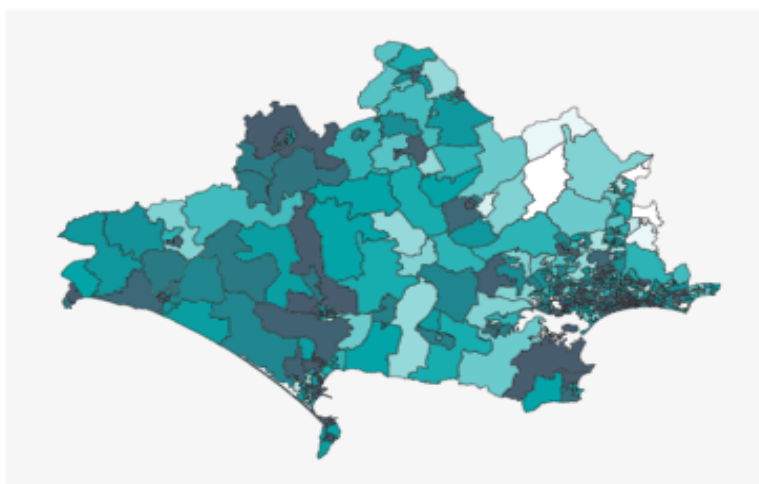
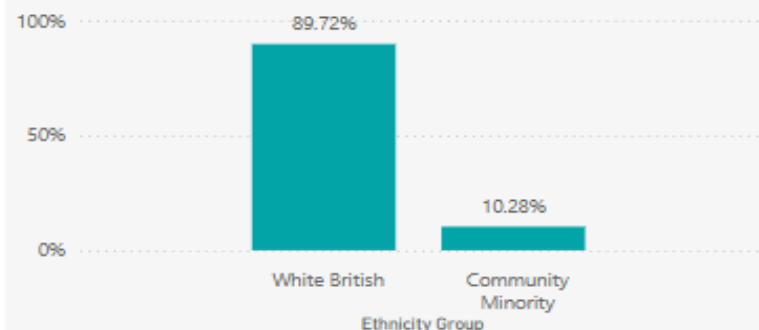
Click icon to open filter pane



Dorset Intelligence & Insight Service

Last Refresh: 05/03/2025

Ethnicity



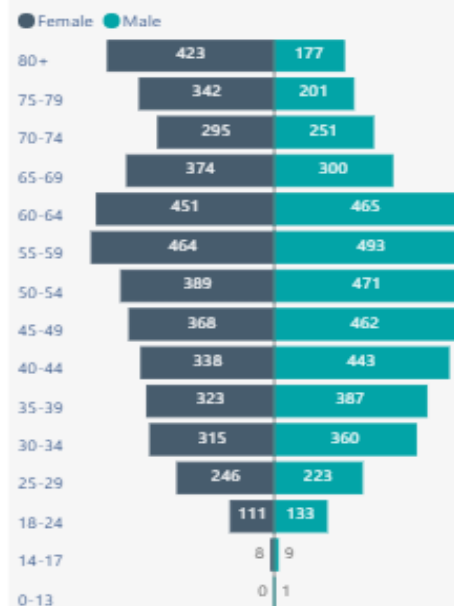
SMI Population

8,823

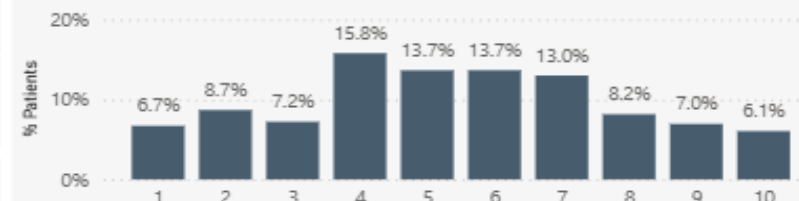
% Coverage
68.81%

6 Checks Last 12M
6,071

Age / Gender Breakdown



SMI Population % by Deprivation Decile



PCN

	Patients	Register %
Blandford	225	2.55%
Bournemouth East Collaborative	811	9.19%
Central Bournemouth	518	5.87%
Christchurch	419	4.75%
Crane Valley	242	2.74%
Jurassic Coast	424	4.81%
Mid Dorset	461	5.22%
North Bournemouth	546	6.19%
Poole Bay and Bournemouth	297	3.37%
Poole Central	696	7.89%
Poole North	496	5.62%
Purbeck	340	3.85%
Sherborne Area	213	2.41%
Shore Medical	648	7.34%
South Coast Medical	744	8.43%
The Vale	407	4.61%
Weymouth and Portland	1,000	11.33%
Weymouth and Portland	226	2.56%
Total	8,823	100.00%

Appendix 4: Dorset Deprivation



Deprivation Insights

Key: ◆ Top 20% Most Deprived ◆ Top 20% Least Deprived

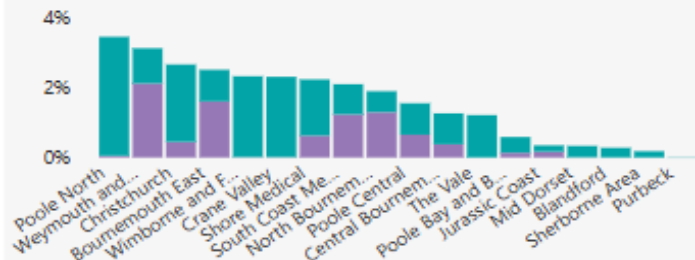


Last Refreshed: 05/03/2025 02:03:27

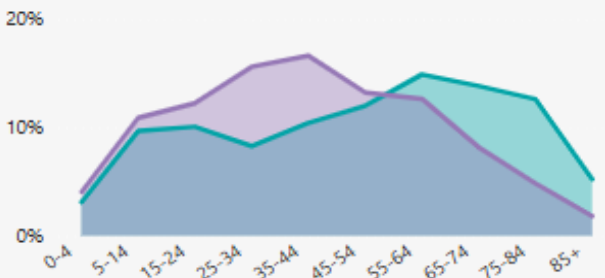
PCN/GP Surgery	Local Authority/Ward	Sex	Age Band	Deprivation groups	Ethnicity
All	All	All	All	All	All

What % of Dorset patients live in one of England's 20% most deprived areas? **9%** What % of Dorset patients live in one of England's 20% least deprived areas? **19%**

What is the percentage of most and least deprived Dorset patients in each PCN?



What is the age profile of each deprivation group?



Age

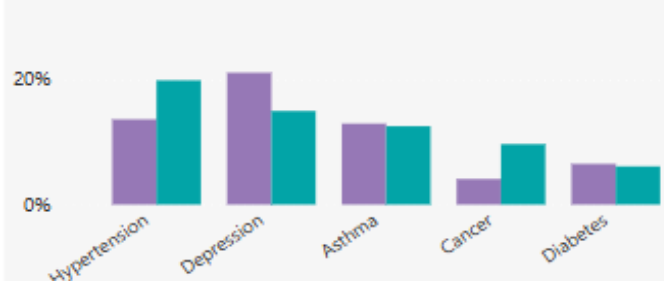
Enter min and max age required or use the slider

0 110

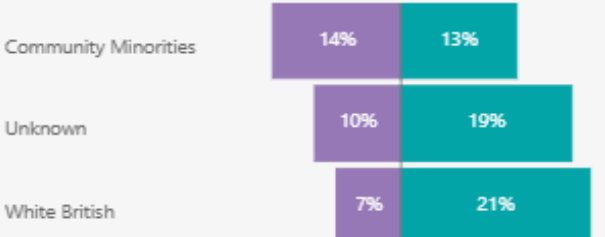
What is the frequency of primary care appointments in the past 12 months?



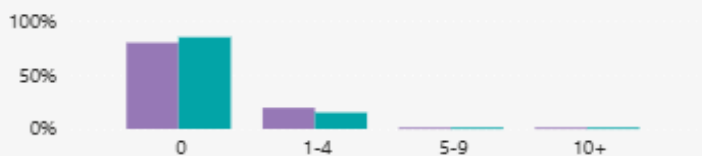
What are the top 5 most common LTCs?



What percentage of each ethnic group live in the most and least deprived areas?

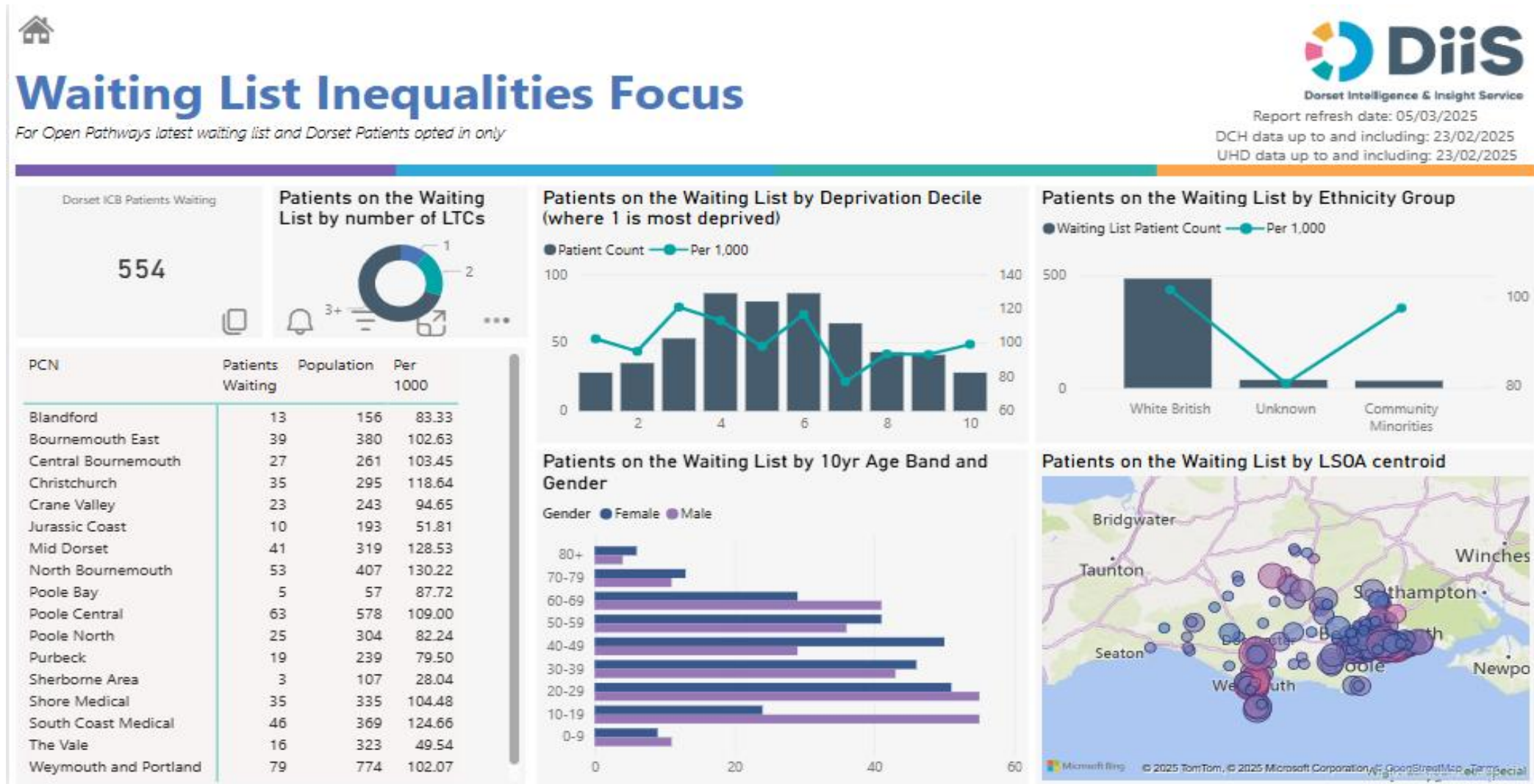


What is the frequency of secondary care appointments in the past 12 months?



Too many patients to Re-Identify, apply further filters

Appendix 5: Generic Wait Time Breakdown

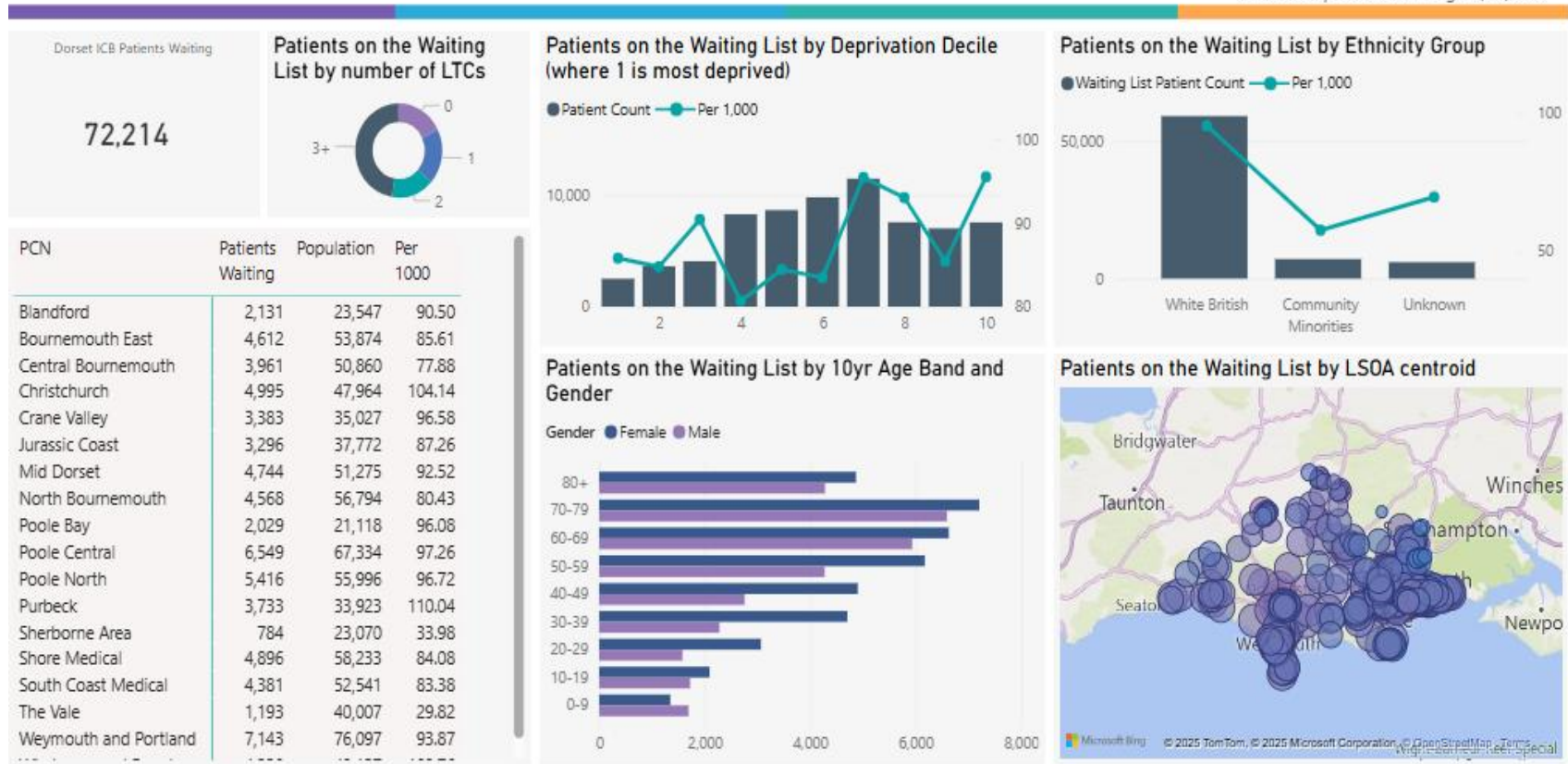


Appendix 6: Generic Wait Time Breakdown



Waiting List Inequalities Focus

For Open Pathways latest waiting list and Dorset Patients opted in only



Dorset Intelligence & Insight Service

Report refresh date: 05/03/2025

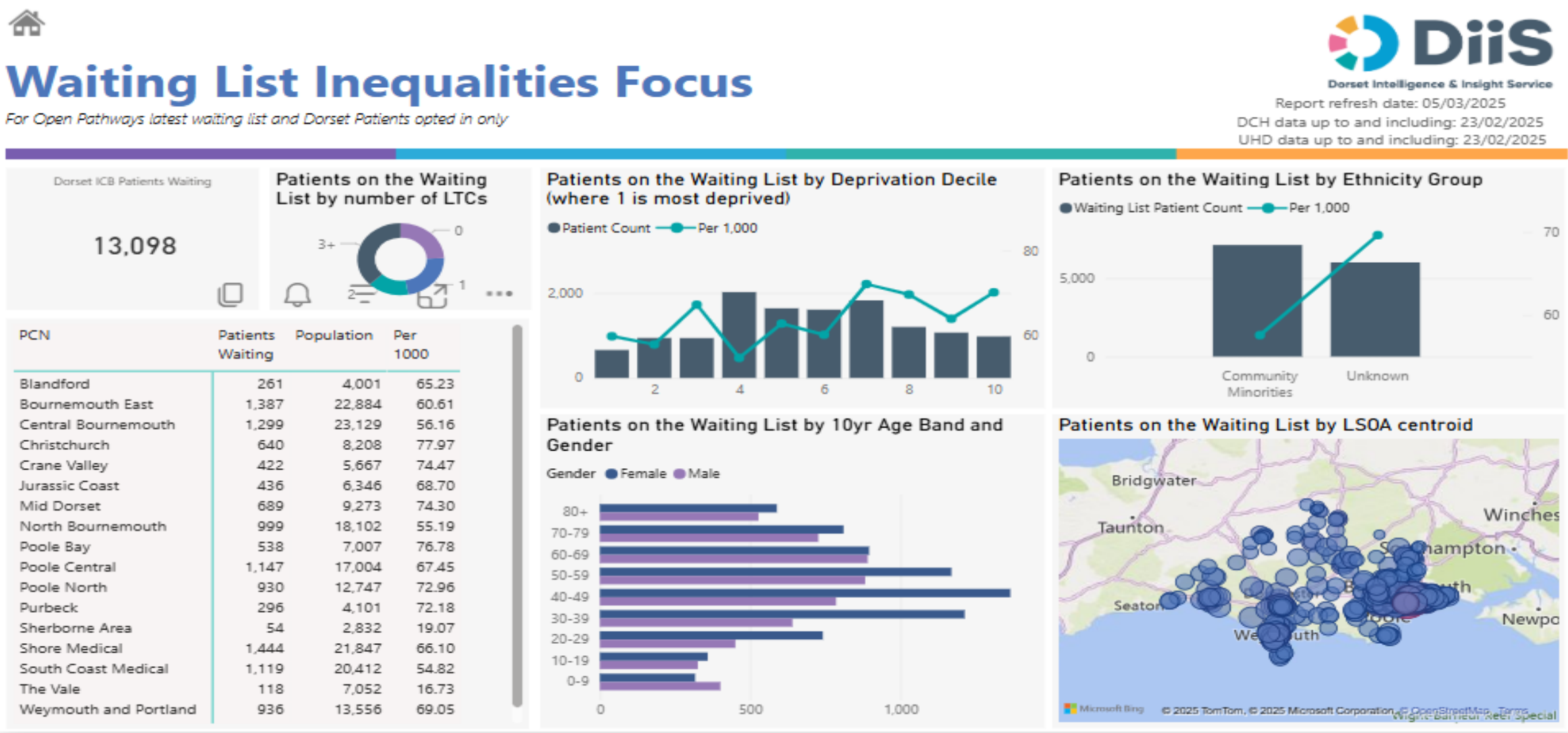
DCH data up to and including: 23/02/2025

UHD data up to and including: 23/02/2025

Top 3 areas with longest generic wait times

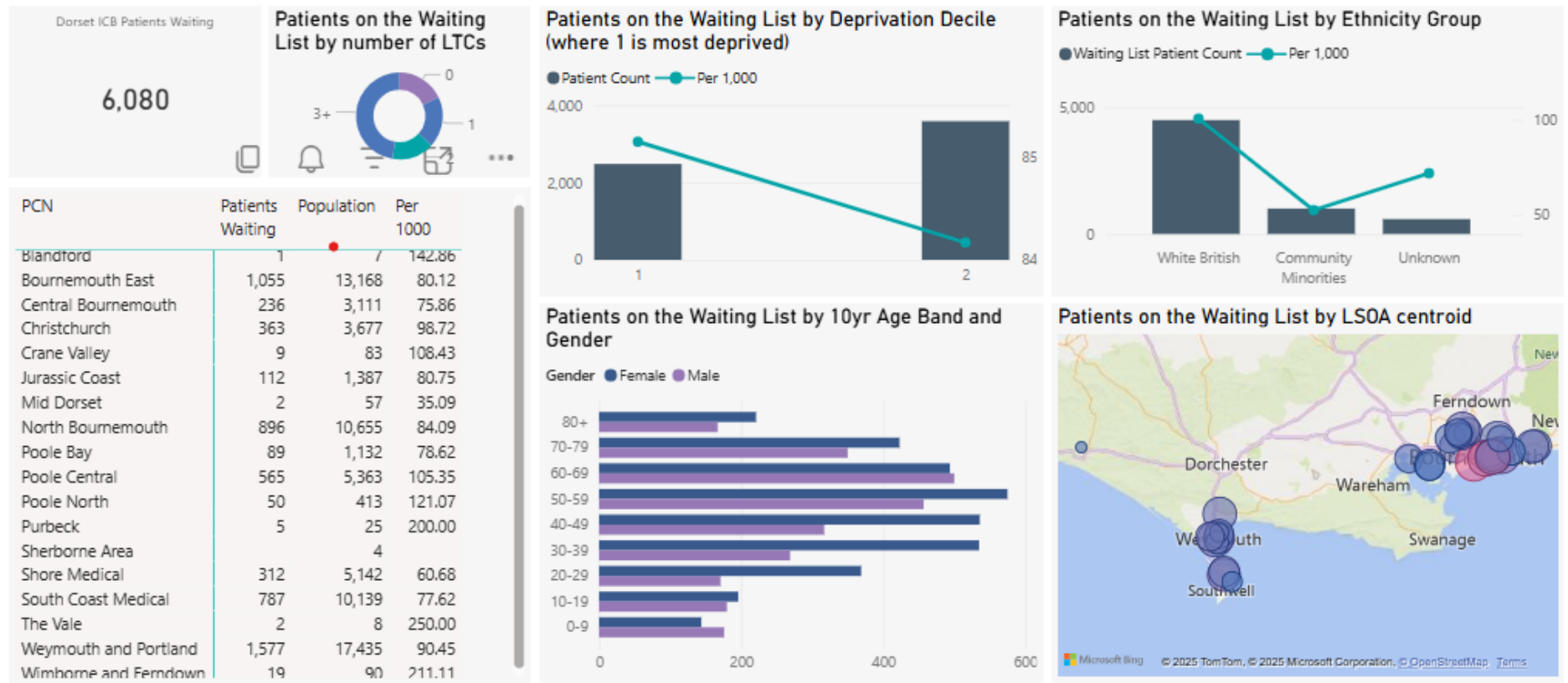
1. Weymouth & Portland: 7,143 patients waiting from 76,097 population
2. Poole Central: 6,549 patients waiting from 67,334 population
3. Poole North: 5,416 patients waiting from 55,996 population

Appendix 7: Generic wait times, Community Minorities/Unknown Groups



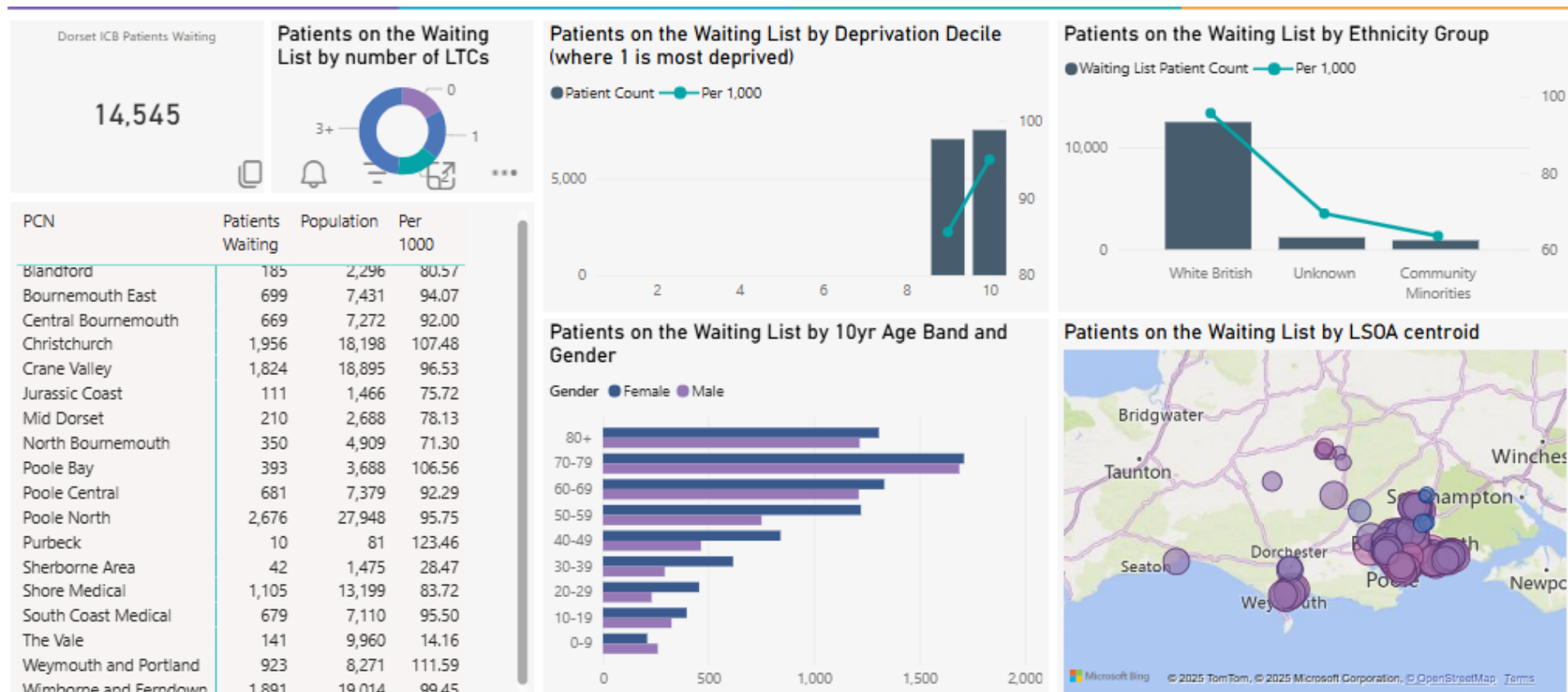
Appendix 8: All Specialities from the 20% most deprived

- 6,080 patients from the 20% most deprived, across all specialities are on waiting lists.
- From the 20% most deprived, Weymouth and Portland (1,577), Bournemouth East (1,055) and North Bournemouth (896) have the highest number of patients on a waiting list.



Appendix 9: All Specialities from the 20% least deprived

- 14,545 patients from the 20% least deprived, across all specialities are on waiting lists.
- From the 20% least deprived, North Pool (2,676), Christchurch (1,956) Wimborne and Ferndown (1,891) have the highest number of patients on a waiting list.



Appendix 10: National and local gynaecology waiting lists

Recommendation 17

Data and analysis must improve. The NHS should collect data on where there are delays in the system, where women are being referred from (which could highlight areas where community provision is lacking), which groups of women are most affected by delays (to allow better understanding of health inequalities), how many women are waiting for more than one type of treatment, and the satisfaction and outcomes of follow-ups, including which women and girls access this pathway.

Government response

We agree with the importance of robust data collection that supports analysis to help identify where and what interventions are most appropriate.

NHS England's plan on reforming elective care for patients (linked in 'Introduction' above) is clear that transparency is vital to help patients understand how their local and national health services are performing.

It sets out that NHS England will publish a suite of adult's and children's elective performance metrics (including 18-week performance, long waits and waiting times) in an accessible format, which can be ranked and used by both NHS staff and the public. NHS England will also publish data that can be ranked on all aspects of choice. This will sit alongside, and make use of, published information on NHS England's website and will be available on the NHS App.

NHS England also commits to:

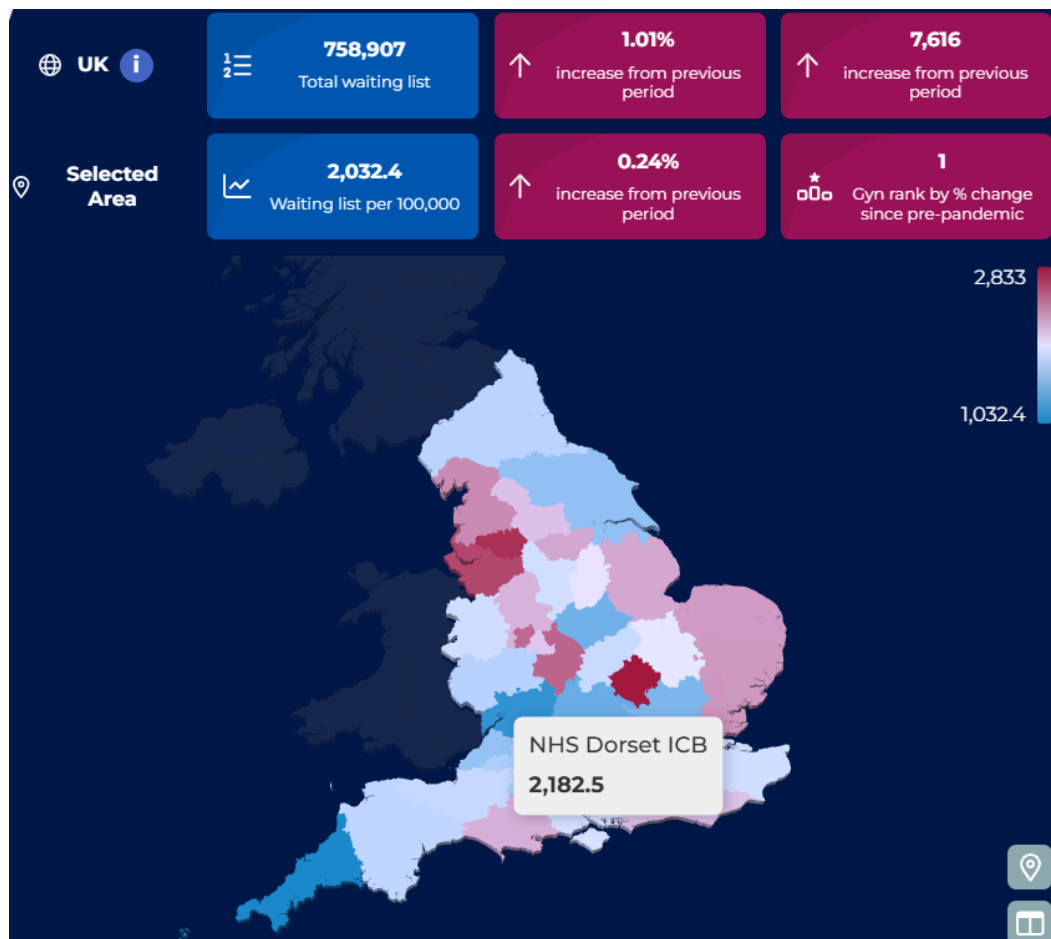
- increasing the availability and use of elective, cancer and outpatient data
- improving our understanding of clinical conditions by expanding diagnostic coding in elective care

The expectation is that this will be standard practice in acute providers by March 2027.

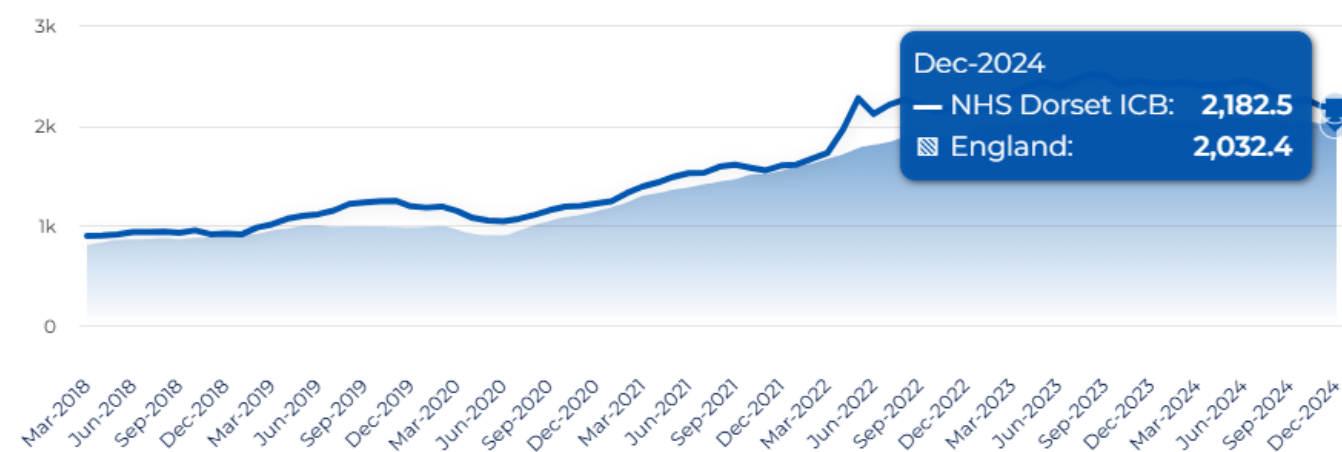
Recommendation 17 has been copied from the [Government response to the Women and Equalities Committee's first report of session 2024 to 2025: women's reproductive health conditions - Gov UK](#), this is in response to [Women's reproductive health conditions - Parliament UK](#).

Appendix 11: National and local gynaecology waiting lists

Elective recovery tracker - RCOG



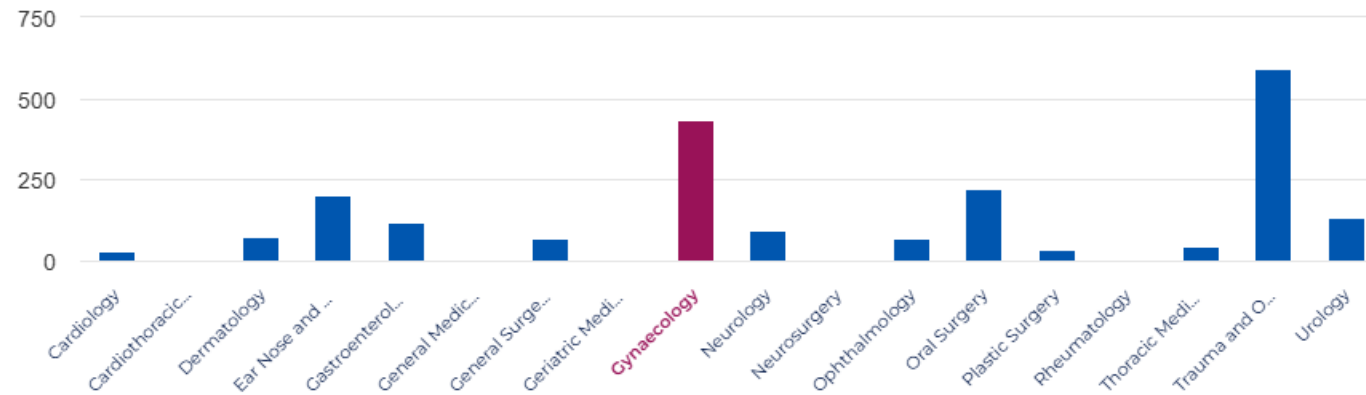
Waiting list per 100,000 in the NHS Dorset ICB for Gynaecology



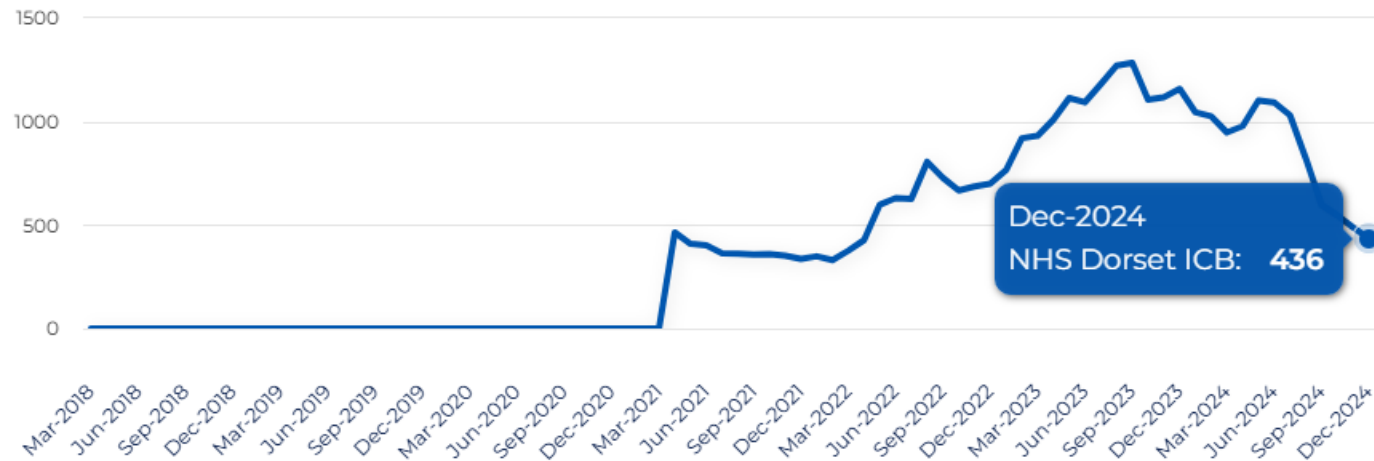
Appendix 12: National and local gynaecology waiting lists

Elective recovery tracker - RCOG

Number waiting more than 52 weeks in the **NHS Dorset ICB** for **Dec-2024**



Number waiting more than 52 weeks in the **NHS Dorset ICB** for **Gynaecology**



Appendix 13: Dorset Gynae Patients by PCN – Central Bournemouth



Spatial Focus: Weekly Waiting List

Looks at number of unique patients on the latest waiting list and per 1,000 of the population.

This page only includes patients registered in Dorset who are opted in to Diis.

Please note the map may take a little time to load. DCH and UHD weekly waiting list from WLMDS.



Dorset Intelligence & Insight Service

Last Refreshed: 25/02/2025

DCH Waiting List data up to: 08/12/2024

UHD Waiting List data up to: 09/02/2025

ProviderGr... Specialty Primary Care Network, GP Practice Ward Local Authority

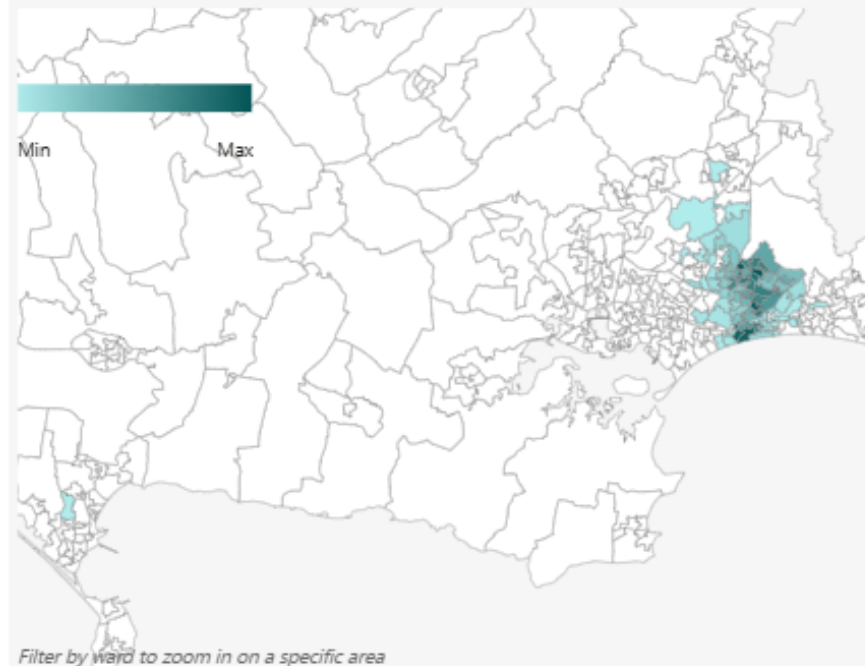
All Gynaecology Central Bournemouth All All

Spatial Focus:
Referrals

Spatial Focus:
Outpatients

Spatial Focus:
Inpatients

For the latest waiting list, where are patients coming from based on their LSOA centroid?



Number of patients on the latest waiting list by Local Authority

Local Authority	Patient Count	Per 1,000
Bournemouth, Christchurch and Poole	521	10.4
Dorset	7	23.0
UNKNOWN	4	7.3

Number of patients on the latest waiting list by ward

Ward Name	Patient Count	Per 1,000
Bearwood & Merley	1	9.3
Boscombe East & Pokesdown	3	24.4
Boscombe West	4	14.2
Bournemouth Central	57	7.9
East Cliff & Springbourne	36	7.3
Ferndown North	1	35.7
Ferndown South	1	16.1
Kinson	8	9.9
Littledown & Iford	7	22.8
Moordown	78	10.7
Muscliff & Strouden Park	127	12.2
Queen's Park	86	10.8
Radipole	1	333.3

Number of attendances over the last 12 months by Primary Care Network

Primary Care Network	Patient Count	Per 1,000
Central Bournemouth	532	10.5

Per 1,000 is the ratio of patients to the population in a specified cohort or area. The numerator is the number of unique patients and the denominator is the population.

Appendix 14: Dorset Gynae Patients by PCN – Weymouth and Portland



Spatial Focus: Weekly Waiting List

Looks at number of unique patients on the latest waiting list and per 1,000 of the population.

This page only includes patients registered in Dorset who are opted in to Diis.

Please note the map may take a little time to load. DCH and UHD weekly waiting list from WLMDS.



Dorset Intelligence & Insight Service

Last Refreshed: 25/02/2025

DCH Waiting List data up to: 16/02/2025

UHD Waiting List data up to: 09/02/2025

ProviderGr... Specialty Primary Care Network, GP Practice Ward Local Authority

All Gynaecology Weymouth and Portland All All

Spatial Focus:
Referrals



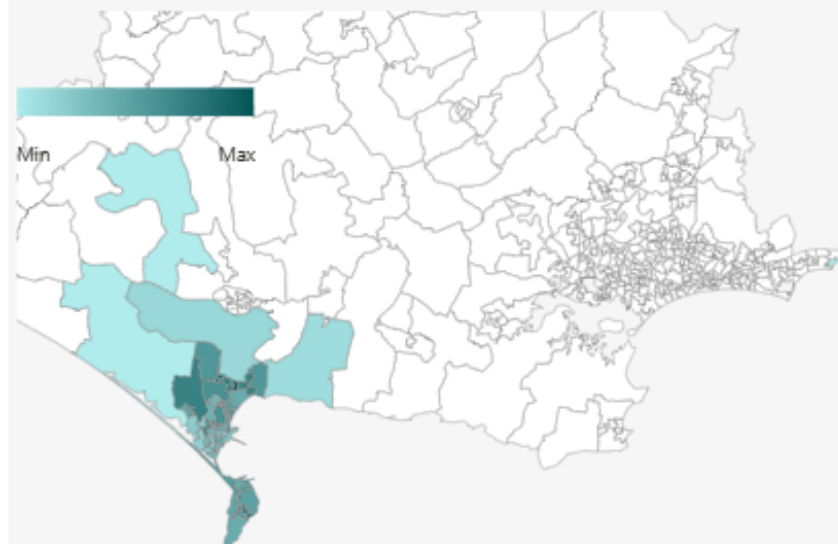
Spatial Focus:
Outpatients



Spatial Focus:
Inpatients



For the latest waiting list, where are patients coming from based on their LSOA centroid?



Filter by ward to zoom in on a specific area

Number of patients on the latest waiting list by Local Authority

Local Authority	Patient Count	Per 1,000
Bournemouth, Christchurch and Poole	1	30.3
Dorset	622	8.3
UNKNOWN	5	4.8

Number of patients on the latest waiting list by ward

Ward Name	Patient Count	Per 1,000
Charminster St Mary's	1	41.7
Chesil Bank	1	8.2
Chickerell	68	8.0
Crossways	4	5.4
Highcliffe & Walkford	1	1,000.0
Littlemoor & Preston	129	11.5
Melcombe Regis	42	7.9
Portland	107	8.5
Radipole	66	7.8
Rodwell & Wyke	84	6.0
UNKNOWN	5	4.8
Upwey & Broadwey	35	9.5
Westham	80	8.3

Number of attendances over the last 12 months by Primary Care Network

Primary Care Network	Patient Count	Per 1,000
Weymouth and Portland	628	8.2

Per 1,000 is the ratio of patients to the population in a specified cohort or area. The numerator is the number of unique patients and the denominator is the population.

Appendix 15: Dorset Gynae Patients by PCN – Bournemouth



Spatial Focus: Weekly Waiting List

Looks at number of unique patients on the latest waiting list and per 1,000 of the population.

This page only includes patients registered in Dorset who are opted in to Diis.

Please note the map may take a little time to load. DCH and UHD weekly waiting list from WLMDS.



Dorset Intelligence & Insight Service

Last Refreshed: 25/02/2025

DCH Waiting List data up to: 26/01/2025

UHD Waiting List data up to: 09/02/2025

ProviderGr...

Specialty

Primary Care Network, GP Practice

Ward

Local Authority

All



Gynaecology



Bournemouth East



All



All

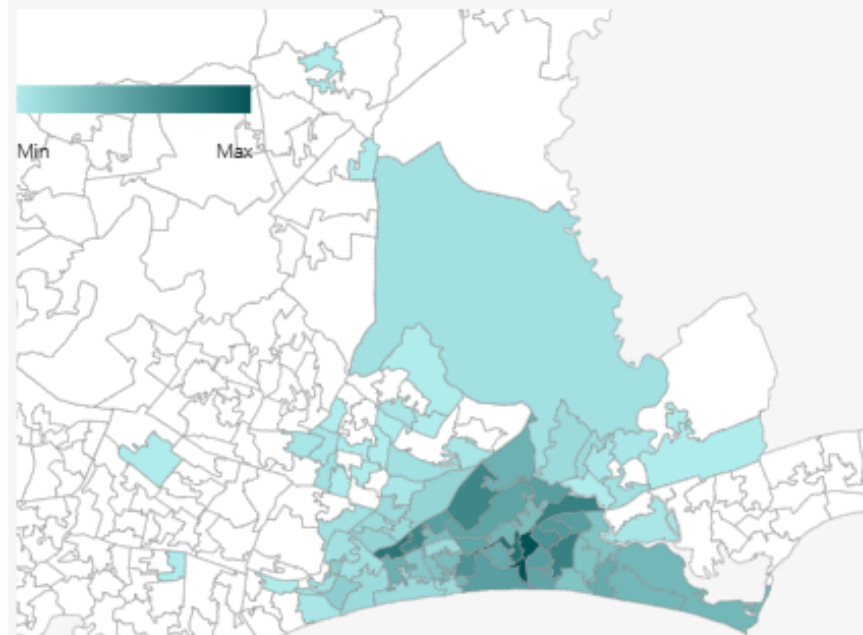


Spatial Focus:
Referrals

Spatial Focus:
Outpatients

Spatial Focus:
Inpatients

For the latest waiting list, where are patients coming from based on their LSOA centroid?



Filter by ward to zoom in on a specific area

Number of patients on the latest waiting list by Local Authority

Local Authority	Patient Count	Per 1,000
Bournemouth, Christchurch and Poole	560	10.6
Dorset	2	22.7
UNKNOWN	5	6.5

Number of patients on the latest waiting list by ward

Ward Name	Patient Count	Per 1,000
Alderney & Bourne Valley	1	28.6
Boscombe East & Pokesdown	98	9.8
Boscombe West	51	7.9
Bournemouth Central	19	8.5
Burton & Grange	2	60.6
Christchurch Town	5	10.2
Commons	16	18.6
East Cliff & Springbourne	89	10.4
East Southbourne & Tuckton	56	12.2
Ferndown South	1	166.7
Littledown & Iford	84	12.1
Moordown	3	13.4
Muscliff & Strouden Park	7	7.5

Number of attendances over the last 12 months by Primary Care Network

Primary Care Network	Patient Count	Per 1,000
Bournemouth East	567	10.5

Per 1,000 is the ratio of patients to the population in a specified cohort or area. The numerator is the number of unique patients and the denominator is the population.

Appendix 16: Dorset Gynae Patients by PCN – South Coast Medical



Spatial Focus: Weekly Waiting List

Looks at number of unique patients on the latest waiting list and per 1,000 of the population.

This page only includes patients registered in Dorset who are opted in to Diis.

Please note the map may take a little time to load. DCH and UHD weekly waiting list from WLMDS.



Dorset Intelligence & Insight Service

Last Refreshed: 25/02/2025

DCH Waiting List data up to: 16/02/2025

UHD Waiting List data up to: 09/02/2025

ProviderGr... Specialty Primary Care Network, GP Practice Ward Local Authority

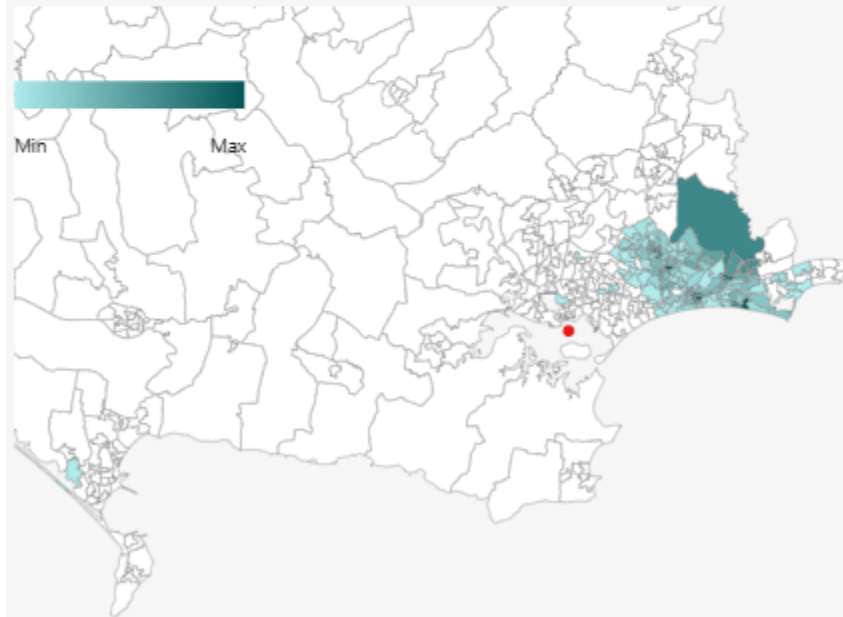
All Gynaecology South Coast Medical All All

Spatial Focus:
Referrals

Spatial Focus:
Outpatients

Spatial Focus:
Inpatients

For the latest waiting list, where are patients coming from based on their LSOA centroid?



Filter by ward to zoom in on a specific area

Number of patients on the latest waiting list by Local Authority

Local Authority	Patient Count	Per 1,000
Bournemouth, Christchurch and Poole	515	10.1
Dorset	1	1.8
UNKNOWN	8	7.4

Number of patients on the latest waiting list by ward

Ward Name	Patient Count	Per 1,000
Alderney & Bourne Valley	3	20.7
Bearwood & Merley	1	8.8
Boscombe East & Pokesdown	17	7.6
Boscombe West	45	8.3
Bournemouth Central	8	4.0
Burton & Grange	3	10.8
Canford Heath	1	27.8
Chickerell	1	4.5
Christchurch Town	22	14.0
Commons	58	12.4
East Cliff & Springbourne	32	8.7
East Southbourne & Tuckton	46	11.5
Kinson	20	27.2

Number of attendances over the last 12 months by Primary Care Network

Primary Care Network	Patient Count	Per 1,000
South Coast Medical	524	10.0

Per 1,000 is the ratio of patients to the population in a specified cohort or area. The numerator is the number of unique patients and the denominator is the population.

Appendix 17: Dorset Gynae Patients by PCN – Poole Central



Spatial Focus: Weekly Waiting List

Looks at number of unique patients on the latest waiting list and per 1,000 of the population.

This page only includes patients registered in Dorset who are opted in to DiiS.

Please note the map may take a little time to load. DCH and UHD weekly waiting list from WLMDs.



Dorset Intelligence & Insight Service

Last Refreshed: 25/02/2025

DCH Waiting List data up to: 16/02/2025

UHD Waiting List data up to: 09/02/2025

ProviderGr... Specialty Primary Care Network, GP Practice Ward Local Authority

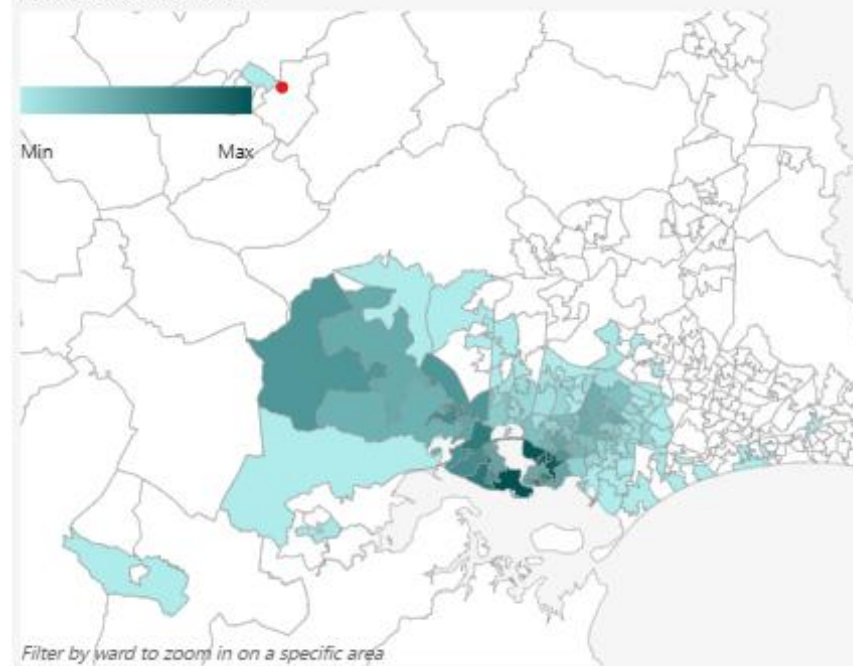
All Gynaecology Poole Central All All

Spatial Focus:
Referrals

Spatial Focus:
Outpatients

Spatial Focus:
Inpatients

For the latest waiting list, where are patients coming from based on their LSOA centroid?



Number of patients on the latest waiting list by Local Authority

Local Authority	Patient Count	Per 1,000
Bournemouth, Christchurch and Poole	619	11.3
Dorset	118	10.0
UNKNOWN	5	5.7

Number of patients on the latest waiting list by ward

Ward Name	Patient Count	Per 1,000
Alderney & Bourne Valley	34	8.9
Bearwood & Merley	3	14.1
Blandford	1	33.3
Boscombe West	1	23.3
Broadstone	5	8.7
Canford Cliffs	3	6.2
Canford Heath	24	11.1
Corfe Mullen	3	12.2
Creekmoor	28	12.3
East Cliff & Springbourne	2	25.0
Hamworthy	158	11.9
Kinson	1	8.3
Littledown & Iford	1	47.6

Number of attendances over the last 12 months by Primary Care Network

Primary Care Network	Patient Count	Per 1,000
Poole Central	742	11.0

Per 1,000 is the ratio of patients to the population in a specified cohort or area. The numerator is the number of unique patients and the denominator is the population.

Appendix 18: Dorset Gynae Patients by PCN – North Bournemouth



Spatial Focus: Weekly Waiting List

Looks at number of unique patients on the latest waiting list and per 1,000 of the population.

This page only includes patients registered in Dorset who are opted in to Diis.

Please note the map may take a little time to load. DCH and UHD weekly waiting list from WLMDS.



Dorset Intelligence & Insight Service

Last Refreshed: 25/02/2025

DCH Waiting List data up to: 10/11/2024

UHD Waiting List data up to: 09/02/2025

ProviderGr... Specialty Primary Care Network, GP Practice Ward Local Authority

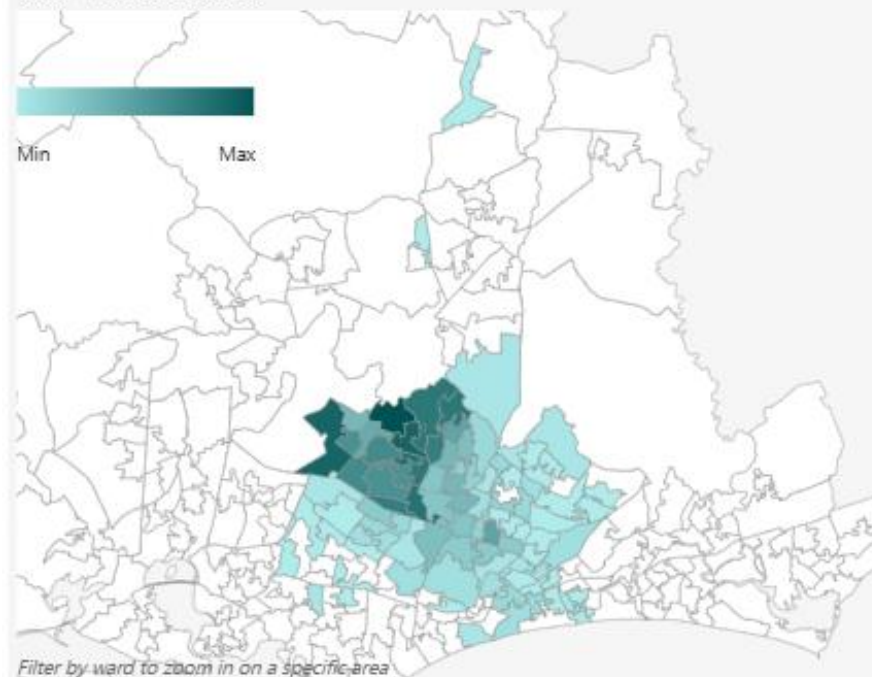
All Gynaecology North Bournemouth All All

Spatial Focus:
Referrals

Spatial Focus:
Outpatients

Spatial Focus:
Inpatients

For the latest waiting list, where are patients coming from based on their LSOA centroid?



Number of patients on the latest waiting list by Local Authority

Local Authority	Patient Count	Per 1,000
Bournemouth, Christchurch and Poole	529	9.6
Dorset	4	8.3
UNKNOWN	5	5.0

Number of patients on the latest waiting list by ward

Ward Name	Patient Count	Per 1,000
Alderney & Bourne Valley	22	7.7
Bearwood & Merley	73	10.5
Boscombe West	5	18.2
Bournemouth Central	10	1.8
East Cliff & Springbourne	8	5.3
Ferndown North	1	21.7
Kinson	200	12.5
Moordown	16	17.5
Muscliff & Strouden Park	13	21.5
Newtown & Heatherlands	5	13.2
Parkstone	2	37.0
Penn Hill	1	23.8
Queen's Park	11	13.7

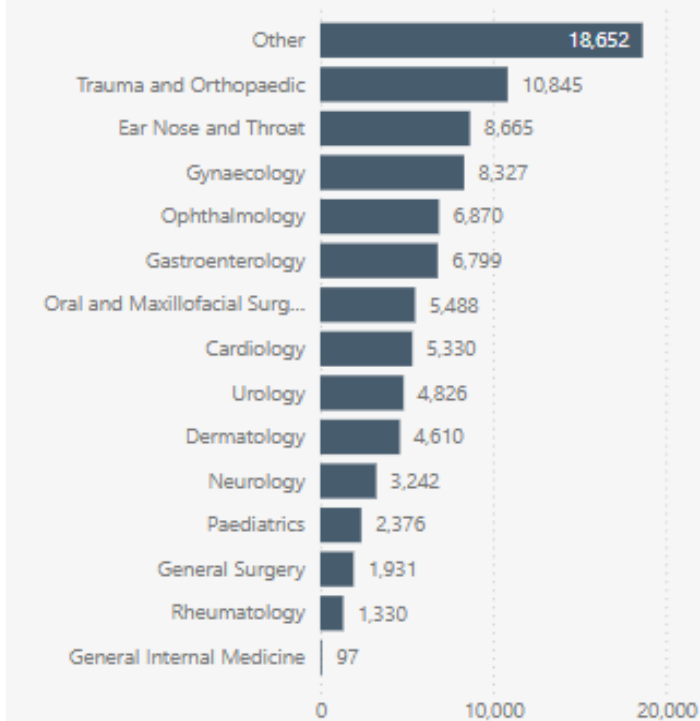
Number of attendances over the last 12 months by Primary Care Network

Primary Care Network	Patient Count	Per 1,000
North Bournemouth	538	9.5

Per 1,000 is the ratio of patients to the population in a specified cohort or area. The numerator is the number of unique patients and the denominator is the population.

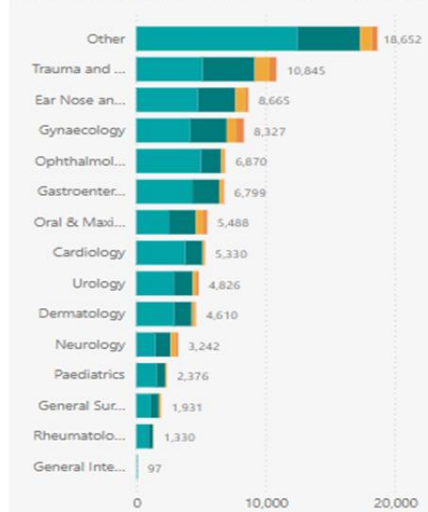
Appendix 19: Gynaecology waiting list data from Diis

What is the current Waiting List by Speciality?



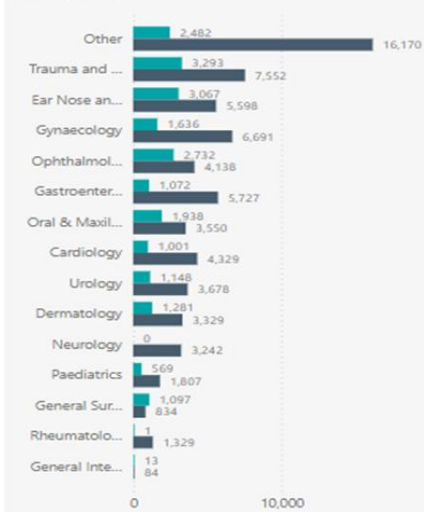
Waiting List by Weeks Waiting

0-18 18-40 40-52 52-65 65-78 78-104 >104

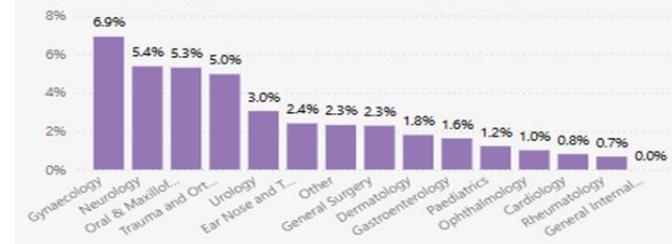


Waiting List by Provider

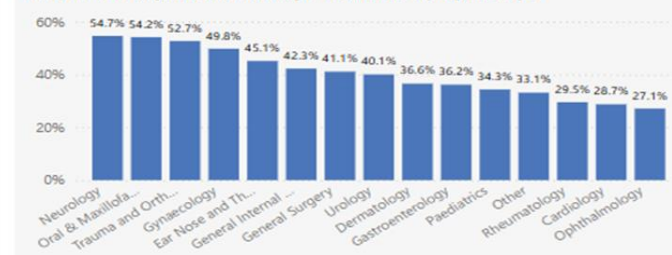
DCH UHD



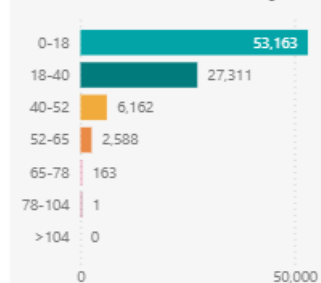
What is the % patients waiting > 52 weeks by Specialty?



What is the % patients waiting > 18 weeks by Specialty?

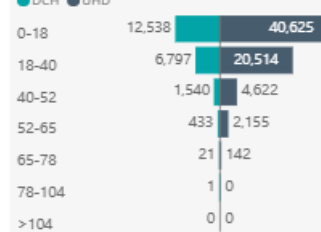


What is the Current Waiting List Size?

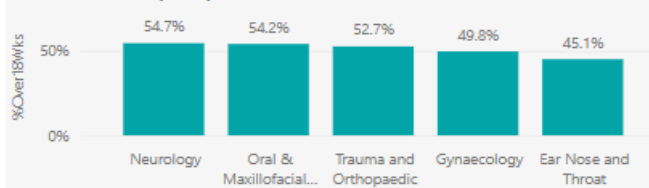


What is the Waiting List breakdown by Provider?

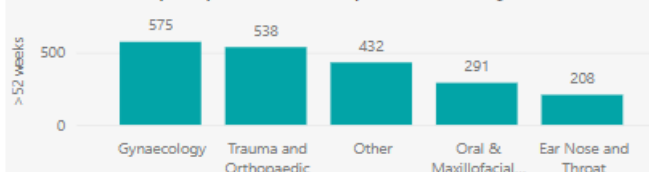
DCH UHD



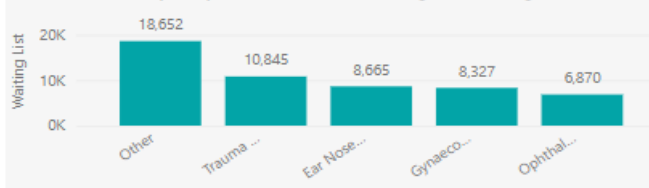
What are the top 5 specialities with the lowest Performance?



What are the top 5 specialities with patients waiting over 52 weeks?



What are the top 5 specialities with the largest Waiting List?



Appendix 20: Dorset LA cervical screening figures vs South West and England

[Cervical Screening Programme England - 2023-2024 - Data Tables - NHS Digital](#)



[Return to Contents](#)

Table 13: NHS Cervical Screening Programme: Age appropriate coverage by age band and Local Authority
England, 2022-23 to 2023-24

		thousands/percentages						
		2023-24						
		Eligible population ⁽¹⁾			Age appropriate coverage			
LA ONS code	LA name	Region name ⁽²⁾	25-49	50-64	25-64	25-49	50-64	25-64
						(less than 3.5 yrs since last adequate test) %	(less than 5.5 yrs since last adequate test) %	
E92000001		England	11,055.8	5,482.3	16,538.1	66.1	74.3	68.8
E12000009		South West	1,447.3	829.8	2,277.0	69.3	75.5	71.6
E06000059	Dorset	South West	50.5	40.6	91.1	74.8	77.2	75.9

Appendix 21: Dorset LA cervical screening coverage

Cervical Screening Annual Interactive Report - NHS Digital

Cervical screening coverage among eligible individuals aged 25 to 64 (%)
(screened within the last 3.5/5.5 years) at 31 March - Local Authorities

31 March 2024

Note: numbers assigned to coverage range categories below are for all LAs, including those in an area which covers multiple LAs due to boundary changes over time

- 80% and over (0)
(acceptable level)
- 75% to less than 80% (1)
- 70% to less than 75% (0)
- Less than 70% (0)
- Area covers multiple LAs due to boundary changes over time.
Click on area to show coverage data for included LAs in table below



Map represents LA boundaries at 1st April of relevant year
Contains OS data © Crown copyright and database rights 2023
Contains National Statistics data © Crown copyright and database right 2020

Click and drag anywhere on the map to move it around
Click on an LA on the map to filter the table below

Date	LA Name (region)	LA Eligible Pop.	LA Coverage (%)	Region Name	Region Coverage (%)	England Coverage (%)
31 March 2024	Dorset (South West)	91,079	75.9	South West	71.6	68.8