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**RE: Freedom of Information Request**

**31<sup>st</sup> May 2024**

Dear Sir/Madam

With reference to your request for information received on 2<sup>nd</sup> March 2024, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold some of the information you have requested.

Section 12 of the Act allows the Trust to refuse to deal with any requests where we estimate that responding to the request would exceed the cost limit. If we calculate that responding to a request will take it over the cost limit, we are not obliged to provide a substantive response. The cost limit is calculated at a flat rate of £25 per hour. For public authorities the cost limit is £450 (18 hours). We can only include certain activities when estimating whether responding to a request would breach the cost limit. These are:

- Establishing whether information is held.
- Locating and retrieving information; and
- Extracting relevant information from the document containing it.

If responding to one part of a request would exceed the cost limit, we do not have to provide a response to any other parts of the request. The cost limit can be applied on the basis of a reasonable estimate at the time the request is received. We are not under any obligation to make a precise calculation although our estimate is sensible and realistic. We have focused our attention on the locations most likely to hold the relevant information and have identified for question 1b, there are 367 complaint records throughout this period relating to the areas highlighted in question 1a which we would have to manually review and extract the required information. We estimate that the cost of satisfying your request will be £2,293.75 (4 records per hour).

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We have considered our duties under Section 16 of the Act where we should think what advice and assistance can be provided to help you reframe or refocus your request with a view to bringing it within the cost limit. Can I suggest that the timespan of the request is significantly narrowed? Any refined request will be treated as a new request.

In your request you asked:

**1. The number of acute admissions of women between the ages of 18 to 35 to Gynaecology, Urology or General Surgery per year from 2013 to 2023**

**a. Of these women the number admissions per year with a diagnosis:**

- i. Endometriosis**
- ii. Appendicitis**
- iii. Ovarian pathology (ovarian torsion, cyst rupture)**
- iv. Pelvic Inflammatory Disease**
- v. Non-specific abdominal pain**
- vi. Other**

**b. Of these women and per diagnosis and speciality please can you summarise the number of those who have launched complaint through pals or equivalence.**

**c. Of these women and per diagnosis please can you summarise how many had readmissions related to abdominal pain after admission related to diagnostic laparoscopy.**

**2. Please can we have the 2013 data of number of diagnostic laparoscopies by general surgeons in women between 16 and 35.**

**a. Of these women please can we have the diagnosis at time of discharge in 2013 categorised as:**

- i. Endometriosis**
- ii. Appendicitis**
- iii. Ovarian pathology (ovarian torsion, cyst rupture)**
- iv. Pelvic Inflammatory Disease**
- v. Non-specific abdominal pain**
- vi. Other**

**b. For those women who were not diagnosed with endometriosis at the time of their discharge, can you provide information on how many of these patients received a new diagnosis of endometriosis in the period from 2013 to the present, following their discharge from the hospital stay that included the diagnostic laparoscopy. Where possible please include the year of diagnosis in a separate table. This could be summarised as 2016 – 17, 2018 - 40 etc.**

**3. Please can we have the 2013 data of number of diagnostic laparoscopies by gynaecologists in women between 16 and 35.**

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- a. Of these women please can we have the diagnosis at time of discharge in 2013 categorised as:
- i. Endometriosis
  - ii. Appendicitis
  - iii. Ovarian pathology (ovarian torsion, cyst rupture)
  - iv. Pelvic Inflammatory Disease
  - v. Non-specific abdominal pain
  - vi. Other
- b. For those women who were not diagnosed with endometriosis at the time of their discharge, can you provide information on how many of these patients received a new diagnosis of endometriosis in the period from 2013 to the present, following their discharge from the hospital stay that included the diagnostic laparoscopy. Where possible please include the year of diagnosis in a separate table. This could be summarised as 2016 – 17, 2018 - 40 etc.
4. Please can we have the 2018 till 2023 data of number of diagnostic laparoscopies by general surgeons in women between 16 and 35.
- a. Of these women please can we have the diagnosis at time of discharge categorised as:
- i. Endometriosis
  - ii. Appendicitis
  - iii. Ovarian pathology (ovarian torsion, cyst rupture)
  - iv. Pelvic Inflammatory Disease
  - v. Non-specific abdominal pain
  - vi. Other
- b. For those women who were not diagnosed with endometriosis at the time of their discharge, can you provide information on how many of these patients received a new diagnosis of endometriosis in the period from laparoscopy to the present, following their discharge from the hospital stay that included the diagnostic laparoscopy.
5. Please can we have the 2018 till 2023 data of number of diagnostic laparoscopies by gynaecologists in women between 16 and 35.
- a. Of these women please can we have the diagnosis at time of discharge categorised as:
- i. Endometriosis
  - ii. Appendicitis
  - iii. Ovarian pathology (ovarian torsion, cyst rupture)
  - iv. Pelvic Inflammatory Disease
  - v. Non-specific abdominal pain
  - vi. Other
- b. For those women who were not diagnosed with endometriosis at the time of their discharge, can you provide information on how many of these patients received a new diagnosis of

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**endometriosis in the period from laparoscopy to the present, following their discharge from the hospital stay that included the diagnostic laparoscopy.**

Should you have any further enquiries or queries about this response please do not hesitate to contact me.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email [sfh-tr.foi.requests@nhs.net](mailto:sfh-tr.foi.requests@nhs.net).

Yours faithfully

### **Information Governance Team**

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