Freedom of Information Request: Our Reference CTMUHB_284_26

You asked:

Please can you provide the following information regarding General Medicine/Endocrinology at RGH.

1. **As at 25/05/26 How many weeks is the wait time for urgent referrals, how many weeks for routine?**

   Mean Routine = 16 Weeks
   80th Percentile Routine = 29 Weeks

   Mean Urgent = 6 Weeks
   80th Percentile Urgent = 11 Weeks

2. **How many weeks was the waiting time for referrals that were received on February 10th 2026?**

   Routine = 14 Weeks
   80th Percentile Routine = 14 Weeks

   Urgent = 14 Weeks
   80th Percentile Urgent = 14 Weeks

3. **Would adrenal tumours that have grown be considered urgent or routine?**

   There are a variety of factors that would determine the urgency of a referral.

4. **How do you determine whether growing Adrenal Tumours are malignant or benign without doing tests?**

   Following a clinical review, we would perform appropriate investigations to determine the diagnosis.

5. **How often does Endocrinology triage new referrals?**

   Endocrinology referrals are triaged twice weekly for urgent and routine cases, while urgent suspected cancer referrals (USC) are triaged within 24 hours.

6. **Is it standard practice to automatically accept referrals/letters from Consultants in other specialties, or can you reject them without informing the patient or the referrer?**

   Referrals are reviewed and triaged and can be accepted or declined. If a referral is declined, a letter is sent to the referrer to inform them of the outcome.

7. **If a Consultant in General Medicine receives a letter for an Endocrine assessment from a different specialty, should the referral be passed to Endocrinology, or be revoked/refused?**

   The referral would normally be returned to the referrer to direct to the appropriate specialty; however, for urgent suspected cancer (USC) referrals, administrative staff will contact the relevant specialty directly to avoid delay.

8. **Are administrative staff tasked with, or allowed decide where a patient is placed in a waiting list? Can admin staff choose to postpone appointments or cancel appointments without a Doctor's instruction?**

   Administrative staff play an essential role in managing patient pathways and ensuring the smooth running of services. Administrative staff do not have authority to independently decide a patient's clinical priority or position on a waiting list. Administrative staff can reschedule or cancel appointments for operational reasons (e.g., clinic changes, staff availability, patient request), in line with organisational processes.

9. **How many Endocrine patients are currently waiting for an urgent first appointment, how many for a routine first appointment?**

   As of 08/02/2026, there are 55 Endocrine patients currently waiting for an urgent first appointment and 240 patients waiting for a routine first appointment for Royal Glamorgan Hospital.

10. **If a patient has a pre-cancerous condition associated with hormones in addition to adrenal tumours, would that be considered urgent?**

    Each case is assessed individually based on the clinical information available at the time of triage, to determine the level of urgency.

11. **If a patient develops pre-diabetes in addition to the above, would that affect the waiting time?**

    Clinical judgement is used to determine the urgency of a referral based on the information provided in the referral letter. Where relevant details, such as pre-diabetes, are included these are considered when assessing priority.

12. **Administrative staff said Endocrinology recently redesigned its clinics, why did the redesign result in delayed appointments?**

    As part of clinic redesign, there may occasionally be a need to reschedule patient appointments which can result in short delays. Wherever possible, changes are planned with at least six weeks' notice to minimise disruption and avoid cancelling appointments, particularly for new patients. However, there are occasions where short-notice changes are unavoidable due to operational and workforce pressures.

13. **Is the development of pre-diabetes after age 50, a sudden deterioration in kidney function, syncope, persistent left sided abdominal pain, lower right sided pelvic pain, back pain, fatigue, night sweats and palpitations indicative of Active Adrenal Tumours, Adrenal and/or Pancreatic Cancer?**

    Clinical judgement is used to determine the urgency of a referral based on the information provided in the referral letter. Where relevant details, such as those outlined above are included these are considered when assessing priority.

14. **If none of the above is classed as urgent, what specific criteria would be considered urgent?**

    Each case is independently assessed based on the clinical information available which would include patient history, clinical examination and the investigations performed to date.

15. **If a patient has previously complained about a Doctor is the doctor or department in question entitled to blacklist the patient, or delay medical care?**

    As an NHS organisation, our duty is to ensure all patients receive safe and timely care. This applies regardless of whether a complaint has been made.

    Patients who raise concerns will not be treated unfairly, discriminated against, or experience any impact on the timeliness of their care.