

24 September 2020

Renoh Chalakkal

By email: fyi-request-13620-399b8366@requests.fyi.org.nz

Dear Renoh

Re: Official Information Request – Ophthalmology referrals

I refer to your official information request dated 31 August 2020 requesting the following information:

I would like to know the details about the current referral system followed by ADHB in ophthalmology referrals. I have the following questions:

1. How are the ophthalmology referrals prioritized?
2. Is there any automatic referral system in place?
3. Are there any standards or operating procedures that are followed while placing referrals from GPs/primary care providers?
4. Can private eye care providers (Specsavers/OPSM etc.) refer a patient to specialist ophthalmologists in ADHB?
5. Can a patient consult with a specialist ophthalmologist at the ED? If not can a GP immediately refer a patient to a specialist ophthalmologist at the hospital?
6. What criteria are followed in prioritizing the ophthalmology referrals?
7. In 2019-2020, what is the average time taken for a GP referral for different types (serious, moderately serious, and not serious, etc.) priorities to get an appointment with a specialist ophthalmologist/optometrist?
8. How many specialist ophthalmologists and optometrists are practicing in ADHB separately?
9. How many registered ophthalmologists/optometrists are there in whole New Zealand?
10. Were there any steps taken by DHBs across New Zealand (or at least by Auckland DHB) to conduct the ophthalmology clinics remotely over tele platforms so that patients get necessary eye care during the different stages of lockdown in New Zealand?

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RESPONSE:

1. How are the ophthalmology referrals prioritized?

Central Referral Office register all incoming referrals, which are then prioritised by Ophthalmology clinicians based on clinical priority:

P1 (A): appointment within 2 weeks

P2 (B): appointment within 6 weeks

P3 (C): appointment within 16 weeks

For each of the different referral types (e.g. cataract, ocular plastics, and paediatrics) they are reviewed by an expert in that area and triaged appropriately according to their clinical risk. For instance, cataracts are slowly progressive and would be categorised as P4 while a baby with poor vision is categorised as urgent and seen within 2 weeks.

Auckland DHB also runs an acute service for the region and all acute referrals are prioritised by an on call doctor to be seen either that day or within two weeks, depending on the pathology and clinical need.

2. Is there any automatic referral system in place?

The majority of our referrals come through care connect eReferral portal and they get triaged electronically by clinicians.

3. Are there any standards or operating procedures that are followed while placing referrals from GPs/primary care providers?

See point 1 and 2.

Each subspecialty identifies patients who need to be seen by Auckland DHB Ophthalmology service or those who can continue to be managed by their primary care team . There is a Glaucoma specific referral template to ensure all appropriate information is provided in the referral for the triaging clinician.

4. Can private eye care providers (Specsavers/OPSM etc.) refer a patient to specialist ophthalmologists in ADHB?

Yes. GP, optometrists and private room ophthalmologists can refer a patient to our service through the Care Connect electronic referral portal.

5. Can a patient consult with a specialist ophthalmologist at the ED? If not can a GP immediately refer a patient to a specialist ophthalmologist at the hospital?

There is an emergency eye service for the Auckland Metro DHBs located at Greenlane Clinical Centre. In the case of acute/emergency, patients can walk in to acute eye service and also GP/Optomertist can contact on-call Ophthalmology team for advice and refer a patient to

acute eye service. If a patient presents to another emergency department in Auckland with an acute eye problem then the on-call ophthalmology team is called and the patient is either seen at that hospital or transferred to Greenlane (whichever is clinically appropriate).

6. What criteria are followed in prioritizing the ophthalmology referrals?

As described above, each of the areas of ophthalmology have determined criteria to ensure those patients with clinically significant problems are seen in a timely fashion. Those patients who can be managed by their optometrist or GP are not seen. Examples of this include mild keratoconus which can be managed by an optometrist with contact lenses, and Meibomian cysts which usually resolve with time and can be managed with the advice of a GP.

7. In 2019-2020, what is the average time taken for a GP referral for different types (serious, moderately serious, and not serious, etc.) priorities to get an appointment with a specialist ophthalmologist/optometrist?

Average number of days patients wait for a First Specialist Appointment (FSA) by priority based on 2019/2020 financial year:

- P1(A): 20 days
- P2(B): 79 days
- P3 (C): 90 days

Please note:

- 4% of FSA patients did not have a referral date, so they are not included in the averages.
- 426 or 7.5% of FSA patients had an unspecified/non-standard priority code, not included in the averages.

Ophthalmology is a service with significant demand largely driven by the region's growing and aging population (as outlined in the [Northern Regional Long Term Investment Plan](#)) and there being increased comorbidities in people, such as diabetes. This has contributed to increased waiting times. The service has a continual service improvement programme to review the model of care and look at different ways of working to increase capacity to meet demand.

8. How many specialist ophthalmologists and optometrists are practicing in ADHB separately?

Ophthalmologists: 47 (0.6FTE on average)

Optometrists: 8 (0.4FTE on average)

9. How many registered ophthalmologists/optometrists are there in whole New Zealand?

This is a national question that is not something Auckland DHB holds the information for. You may be able to get the answer from the Medical Council of New Zealand and the Optometrists and Dispensing Opticians Board register. Therefore we are declining to answer this question under section 18(g) of the Official Information Act because the information is not held by Auckland DHB.

10. Were there any steps taken by DHBs across New Zealand (or at least by Auckland DHB) to conduct the ophthalmology clinics remotely over tele platforms so that patients get necessary eye care during the different stages of lockdown in New Zealand?

The Auckland DHB Ophthalmology Service increased the use of telehealth (telehealth includes telephone and video calling) during the COVID-19 lockdowns, where clinically appropriate to do so. However, the majority of Ophthalmology patients require diagnostic testing and a face to face examination so this was more limited than with other Auckland DHB services.

To make it easier for our patients to have appointments with us and to improve efficiencies, we are looking at how we can maintain some of these beneficial ways of working going forward, particularly for some subspecialties or visits with specific types of clinicians where face to face visits may not always be required.

Please note: The Auckland DHB Ophthalmology service cares for both the Auckland DHB and Waitemata DHB populations.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive