

18 March 2020

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#### **Official Information Act (1982) Request**

I write in response to your Official Information Act request, dated 24 February 2020. You requested the following information:

- 1. The number of patients currently on the DHB's ophthalmology wait list (as at February 1, 2020).**
- 2. A breakdown of how long these patients have been waiting for appointments - broken down by the time between the initial referral, and first appointment, and those waiting for/ overdue for follow-up appointments (as at February 1, 2020).**
- 3. The number of patients referred/ transferred from the DHB's ophthalmology service to private providers or other outside contractors, broken down by calendar year from 2008-2019.**
- 4. The number of dedicated clinics (including, but not exclusive to: catch-up clinics, weekend and evening clinics) over and above held by the DHB broken down by calendar year.**
- 5. The number of adverse events recorded by the DHB due to ophthalmology delays.**

For context, CM Health Services provide health and support services to more than 569,400 people residing in South Auckland, both in hospitals and community settings, along with some regional and supra-regional specialist services (Burns, Plastics and Orthopaedics). Some services are provided to our community by other DHBs for the entire Auckland region. Our services are delivered via hospital, outpatient/ ambulatory and community-based models of care. We employ more than 7,500 staff, and see more than 118,000 presentations at the Middlemore Hospital Emergency Department each year.

We note that information of this nature on health service resources and capacity should be interpreted with caution. Comparisons between DHBs may also be misleading, given the differences in DHB population sizes, health needs and the range of services and facilities available in each DHB.

In Counties Manukau, CM Health provides the majority of DHB publicly-funded outpatient ophthalmology clinic services, and elective ophthalmology surgery. Acute and emergency eye services are provided regionally for metro-Auckland by Auckland DHB.

We acknowledge that capacity issues for this service have been noted for the past 5 years, and impact on the wait times for people referred. This is a result of a combination of factors, including growth in our population, their health status, the prevalence of chronic conditions impacting eye health, and the demographics and diversity of our community, including a more rapid growth in numbers of older people. The development of new treatments in this specialty, where previously no effective treatment could be offered, is also seeing significant growth in the rates of referrals to services.

Solutions to these issues including ongoing process improvement work within the service, and also regional engagement to maximise available resources (both facilities and workforce). The intention is to ensure equity of access to services that can focus on those most at risk for loss of vision.

Responses for CM Health to your specific questions are below:

**1. The number of patients currently on the DHB's ophthalmology wait list (as at February 1, 2020).**

There are currently 17,890 cases recorded as on the waitlist for ophthalmology services. This includes both First Specialist Appointments, and for Follow-up clinics.

All referrals are reviewed on receipt by the Senior Medical Officers in the ophthalmology services, and graded/triaged as to clinical priority to be seen. This informs the measure of those waiting longer than intended, and the tracking these cases.

**2. A breakdown of how long these patients have been waiting for appointments - broken down by the time between the initial referral, and first appointment, and those waiting for/overdue for follow-up appointments (as at February 1, 2020).**

Refer to data (**table 1**) below. We report wait times against the intended time frame to an appointment, which is determined by clinical assessment. This timeframe can vary for individuals, and factors that impact a 'longer than intended' wait-time include both capacity and clinical considerations.

As at 01/02/2020

	Category	FSA	Follow up	Total	Notes
1	<b>Total Number of people waiting for Follow-up appointments with Ophthalmology</b>	<b>3,775</b>	<b>14,115</b>	<b>17,890</b>	<i>Sum of row 2,3,4</i>
2	• Number waiting who have waited longer than the intended time for appointment.	1,793	4,543	<b>6,336</b>	<i>Includes sum of total for row 3,4</i>
3	• Number waiting who have waited greater than/equal to 50% longer than intended time for appointment	1,332	1,758	<b>3,090</b>	<i>Includes sum of total for row 4</i>
4	• Number waiting who have waited greater than/equal to 100% longer than intended time for appointment	1,014	781	<b>1,795</b>	

**Table 1**

**3. The number of patients referred/ transferred from the DHB's ophthalmology service to private providers or other outside contractors, broken down by calendar year from 2008-2019.**

Refer to data (**table 2**) below

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
0	494	805	792	605	803	578	394	492	319	591	785

**Table 2**

The services capacity to outsource ophthalmology cases to other providers is determined by a number of factors, including the individual clinical considerations and treatment, outsource provider capacity (infrastructure and workforce), and the longer-term consideration of management of care for individuals with life-long eye conditions.

**4. The number of dedicated clinics (including, but not exclusive to: catch-up clinics, weekend and evening clinics) over and above held by the DHB broken down by calendar year.**

We do not hold retrospective detail on all the arrangement of specific ophthalmology clinic types for the last 10 years.

In 2018, six mega clinics, and additional weekend clinics were arranged, with support from other DHBs and providers, including the Royal Australian and NZ College of Ophthalmologists (RANZCO).

In 2017, CM Health expanded capacity with additional clinic and treatment rooms at Middlemore Hospital, and we continue to recruit additional staff (including ophthalmologists, optometrists and nurses, support staff) to support clinics.

We can provide (**table 3**) the number of individual clinic attendances (multiple attendance may be by same individual in one year, and for ongoing management). The numbers attending per annum indicate the significant growth in demand for these speciality services. We continue to run some weekend and evening clinics where this is sustainable for elements of the service.

Attended clinics

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
12,038	16,920	18,907	22,076	22,340	25,218	26,081	27,567	33,091	34,580	37,517	38,705

**Table 3**

**5. The number of adverse events recorded by the DHB due to ophthalmology delays.**

We have interpreted this as being the number of serious adverse events reported to Health Quality and Safety Commission as part of routine reporting. These are for 'cases reviewed as having a degree of loss of vision due to service capacity creating delays' per calendar year.

- 2014 – 1
- 2015 – 1
- 2016 – 1
- 2017 – 1

- 2018 – 0
- 2019 – 3

As you are aware, each year all DHBs report any Serious Incidents (Severity Assessment Code - SAC 1 & 2) to the Health Quality and Safety Commission (HQSC).

- <https://www.hqsc.govt.nz/our-programmes/adverse-events/publications-and-resources/publication/3580/>

In addition to this notification, any serious incident will have a full internal investigation commenced, and following this investigation, the incident severity rating may change. We provide information throughout the year of these serious adverse events, as they are identified, via reporting from the Clinical Governance Group, to the Hospital Advisory Committee of the CMDHB board.

We publish the DHB report of all these cases in December each year. These reports to the CMDHB Board are publicly available via our website.

- <https://countiesmanukau.health.nz/about-us/governance/board-and-committees/>

We believe the public interest is met in understanding that we encourage our services and staff to identify these adverse outcomes, that a full investigation of these incidents occurs, and any recommendations are prioritised. Information is shared with other agencies and investigations, and that summary information is released as part of an annual reporting cycle. We remain in contact with affected families throughout the investigation processes. In many cases, they continue to receive clinical care and support/ assistance from our clinicians.

The intention of these serious incident investigations and reports is to encourage an open culture, to learn from what happens, and to put in place systems to reduce the potential of recurrence, alongside other relevant independent external review and investigation processes, such as the Health and Disability Commissioner and Coronial process.

The Health and Disability Commission and the Human Rights Tribunal have also published formal reports on findings of their independent investigations of an ophthalmology case at CM Health, and these reports include broader findings on DHB services.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

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

Yours sincerely,



Fepulea'i Margie Apa  
Chief Executive Officer  
**Counties Manukau Health**