

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160

Fax: 0064 3 364 4165

Ralph.Jasalle@cdhb.health.nz

22 September 2020

9(2)(a)

RE Official information request CDHB 10403

I refer to your email dated 31 August 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

1. How are the ophthalmology referrals prioritized?

Ophthalmology receives referrals via E-triage and paper. These items are reviewed based on date received and urgency. If the referral is flagged as acute or urgent our policy is to review same day. All other referrals are managed during the week as triagers have allocated time.

2. Is there any automatic referral system in place?

E triage is an electronic referral system that GPs and Optometrist use to refer into us. Currently, any internal referrals from other department within the hospital are done via paper and we still have the occasional external referrals on paper. External referrers are encouraged to use electronic system.

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

All referrals received are reviewed first by our administration team to ensure the appropriate information is attached and uploaded into our system. They are then submitted to the triaging medical team for review. There are several Consultants who triage within the service and they have a set of triage criteria that they follow.

Much of this information is on www.healthinfo.org.nz/ so the community is aware of what will be accepted. It also has some information as to how soon patients are seen based on their condition.

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

Ophthalmology will triage referrals received from all private eye care providers.

5. Can a patient consult with a specialist ophthalmologist at the ED directly without an appointment? If not, can a GP immediately refer a patient to a specialist ophthalmologist at the hospital? Are there any specialist ophthalmologists available at ED 24*7?

The Ophthalmology Service has an acute service which runs Monday – Friday 8:00 - 16.00. During these times GP's and outside referrers can contact the acute team and it will be decided as to whether the patient needs to be reviewed in our service and the timeframe. In cases in which the patient presents to ED directly, the ED department will triage and provide immediate care then follow the same process and contact the acute team.

Outside of these hours there is an acute registrar and Consultant on call who will deal with any patients that need to have an acute Ophthalmology review.

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

There is guidance for Clinicians on HealthPathways¹.

Please refer to **Appendix 1** (attached).

¹ HealthPathways is designed and written for use during a clinical consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system. Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice. **Note:** This information is not publicly available.

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?

The table below shows the average waiting time taken for GP referrals to reach First Specialist Assessment (FSA), according to each referral prioritisation category.

Average Wait Time between 01 July 2019 - 30 June 2020		
Prioritisation Category	Average Wait Time (Days)	Number of Patients
Immediate	5	5
Urgent	26	55
Semi-Urgent	53	166
Routine	117	327
Low Priority	30	16

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

There are 14 Consultant Ophthalmologists and two Optometrists practising in Canterbury DHB.

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

There are 169 registered and practising Ophthalmologists within NZ (information from Medical Council of NZ 15/09/2020). There are 791 registered as having a current certificate within NZ (information from optometrist and dispensing opticians board 16/09/2020).

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?

There were 214 telehealth appointments (and 7,414 in person appointments) conducted by Canterbury DHB during the period 1st March 2020 to 31st May 2020. This data covers Ashburton, Burwood and Christchurch Hospitals. Although some telehealth appointments took place during this time, Retinal Screening and Avastin appointments must occur in person.

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

Acute Ophthalmology Assessment

Request

Christchurch Hospital Ophthalmology Department


1. Check [criteria and wait times](#).

Seen immediately

- Chemical burns
- Instantaneous loss of vision, i.e. possible central retinal artery occlusion
- Significant penetrating eye injury
- [Acute glaucoma](#)
- Retrobulbar haemorrhage

Seen within 24 hours


- Red flag symptoms or signs
 - Painful [red eye](#)
 - [Sudden vision loss](#)
 - Infection threatening vision
 - Painful acute diplopia
- Trauma
 - Surgical trauma to ocular structures
 - Penetrating eye injuries or blunt trauma
 - [Corneal foreign bodies](#)
 - Orbital blowout fracture
 - Corneal abrasions
- [Sudden vision loss](#)
 - [Ischemic ocular conditions, e.g. temporal arteritis](#)
 - Optic neuritis
 - Some [retinal detachments](#)
 - Vitreous haemorrhage
- Painful [red eye](#) with loss of vision
 - [Corneal ulcer](#)

- [Iritis](#)
 - Herpes zoster / simplex
 - Neurological conditions
 - Painful acute diplopia, e.g. third nerve palsy
 - Disc oedema
 - Other cranial nerve palsy
 - Acute field defects
 - Infective conditions
 - Orbital cellulitis
 - Acute dacryocystitis
2. Contact the on-call ophthalmology registrar, phone 0800-472-424 and record the advice given under "reason for referral".
 3. Give the patient [Acute Referral Clinic information](#).
 4. Inform the patient the ARC nurse, who sees the patients initially, will instil dilating drops in the eyes if needed.
 5. Send a request via:
 -  ERMS: Acute > Acute Ophthalmology Referral, or
 - fax to (03) 364-1479.

Ashburton Hospital

Ashburton Hospital does not have specialist ophthalmology services but acute cases of eye injuries and corneal foreign bodies are seen.

To request acute assessment:

1. Contact the on-call medical officer at Ashburton Hospital, phone (03) 307-8450.
2. Send a request via:
 -  ERMS: Acute > Acute Ophthalmology Referral, or
 - fax to (03) 307-8472.
3. Where indicated, patients will be referred on to Christchurch Hospital Ophthalmology Department. If transferring to Christchurch Hospital for assessment, patients with eye conditions must not drive.

Private

1. Contact the [provider](#) directly.

Private providers for acute ophthalmology assessment

- Southern Eye Specialists accept acute adult ophthalmology requests. Phone (03) 355-6397.
- St George's Eye Care accept acute adult ophthalmology requests. Phone (03) 375-6333.
- Dallison Eye Specialist – some capacity on certain days. Phone (03) 355-8770 to confirm.
- Elder Eye Specialist – some capacity on certain days. Phone (03) 356-1512 to confirm.
- McKellar Eye Specialist – some capacity on certain days. Phone (03) 343-6033 to confirm.

2. [Disclaimer](#)

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This may not be a complete list of providers with interest, skills or experience in this area. If you wish to be added, send your contact details using the Send Feedback button in the top right of this page.

Some providers may only take referrals by phone and are therefore not listed in ERMS.

Non-acute Ophthalmology Assessment

See also [Retinal Screening in Diabetes](#).

Request

Christchurch Hospital Ophthalmology Department

1. Check criteria:

- [Seen within 4 months](#).

These wait times are subject to change due to demand on the department.

Within 1 week

- Cranial nerve III palsy
- [Giant Cell Arteritis](#) and temporal artery biopsy.
- Headache with ocular symptoms or signs
- Monocular blurred vision with distortion i.e., possible [wet age-related macular degeneration](#)
- New onset diplopia
- New onset flashing lights and floaters
- Rapid onset bilateral reduced vision
- Rapidly growing orbital tumours
- Sudden onset unilateral ptosis
- Suspected Horner's syndrome
- Suspicious choroidal lesion
- Transient loss of vision

Within 4 weeks

- Diabetic conditions with vision loss, e.g. retinopathy, vitreous haemorrhage
- Rapid and marked deterioration of vision, acuity not improved with pinhole, e.g. vein occlusion, uveitis
- Progressive invasive cancers, e.g., intraocular malignancy
- Infective conditions e.g., unresponsive conjunctivitis
- Severe impairment of visual function, e.g. bilateral cataracts with hand movements visual acuity

- Conditions threatening permanent damage if treatment delayed e.g., entropion

Within 4 months

- Reduced vision, acuity not improved with pinhole
- [Cataracts](#)
- Moderately progressive diabetic conditions e.g., maculopathy, pregnancy
- [Glaucoma](#) confirmed by an optometrist
- Keratoconus and conditions requiring cross-linking
- Vitreoretinal conditions, e.g. macular hole
- Low grade non-progressive neoplasms e.g., benign tumours and low grade BCCs
- Infective disease e.g., chronic dacryocystitis
- Orbital disease e.g., proptosis (displacement of globe), thyroid eye disease
- Long standing strabismus / diplopia
- Intermittent diplopia, fatiguable ptosis
- Posterior capsule opacity
- [Drug toxicity](#)
- [Not usually seen but potentially indicated.](#)

Not usually seen but potentially indicated

- [Ectropion](#) without risk to vision
- Epiphora
- [Pterygium](#) without risk to vision
- [Pinguecula](#)
- Severe [allergic eye disease](#)
- Not seen:
 - [Alternative service recommended](#) – request [optometry assessment](#)

Alternative service recommended

- Presbyopia
- Reduced vision, acuity improves with pinhole
- Prescription for glasses.
- [General practice or community management.](#)

Conditions generally suitable for general practice or community management unless complicated or causing significant functional impairment:

- [Blepharitis](#)
- [Eyelid lesions](#)
- Longstanding amblyopia in adult

The service accepts referrals from any medical or nurse practitioner, including private specialists and optometrists, using processes that ensure fairness and equity.


2. Include [triage information for ophthalmology assessment](#).

Triage information for ophthalmology assessment

- Presence of pain or inflammation
- Social history including impact of the visual problem
- [Visual acuity](#): each eye with glasses and pinhole, as applicable
- Previous ophthalmology contacts
- Colour photos, if relevant e.g., eyelid lesions
- For cataracts, also include the CPAC prioritisation score and the complete CPAC PDF result. See the [Cataracts](#) pathway.

In all requests, include [standard patient and referrer details](#).

3. Send a request for ophthalmology assessment via:

-  [ERMS request forms](#), or
 - Ophthalmology > Ophthalmology Referral
 - Ophthalmology > Cataracts Referral
- fax to (03) 364-1479.

4. Depending on preferences expressed in the request, clinical need, and service capacity, the service may offer:

- a clinic assessment,
- [advice only](#),

Advice only

- A written management plan and advice is provided, based on information included in a referral, without seeing the patient.
- If referral issues can be resolved with advice only, request [specialised advice](#).
- an [opinion-only clinic assessment](#) for a patient unlikely to receive surgery, or

Opinion-only assessment

- A limited number of appointments are available for a specialist's opinion for patients who do not meet the current criteria for treatment.
- General practitioners need to make the case why such an opinion will help them provide continued care of the particular patient.
- Examples might include significant symptoms in a frail person unfit for treatment.
- Referral letters need to identify the patient understands they are not going to receive treatment as a result of the consultation.
- This is a new service, and the demand and use will be measured, and a survey of effectiveness undertaken on a regular basis.
- a [mobile surgical services](#) appointment.

Mobile Surgical Services (MSS)

- A private company working in partnership with the Ministry of Health and district health boards, MSS provides low-risk, elective day surgery to rural New Zealanders. The mobile surgical "blue bus":
 - travels through rural New Zealand on a 5-week cycle spending 3 weeks in the North Island and 2 weeks in the South Island, operating at 22 rural locations.
 - is a modern, fully equipped operating theatre that can operate standalone or connected to a medical centre for essential services.
- An anaesthetic technician and a clinical nurse leader travel with the bus, and along with the "steerologist" (driver), coordinate the day, and oversee the local nursing team.
- Each day, four rural nurses from the host site work on the bus in the roles of scrub nurse, circulating nurse, and recovery and discharge nurses. Surgeons and anaesthetists are privately contracted on a daily basis.
- Latest [bus schedule](#) for Rangiora, Waikari, and Ashburton dates.
- Patient [information and brochures](#)
- For more information, see Mobile Health – [Mobile Surgical Unit](#)

Ashburton Hospital

1. Check criteria:

- [Seen within 4 months.](#)

These wait times are subject to change due to demand on the department.

Within 1 week

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Within 4 weeks

- Diabetic conditions with vision loss, e.g. retinopathy, vitreous haemorrhage
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Within 4 months

- Reduced vision, acuity not improved with pinhole
- [Cataracts](#)
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- Not usually seen but potentially indicated.

Not usually seen but potentially indicated

- Ectropion without risk to vision
- Epiphora
- Pterygium without risk to vision
- Pinguecula
- Severe allergic eye disease
- Not seen:
 - Alternative service recommended – request optometry assessment.

Alternative service recommended

- Presbyopia
- Reduced vision, acuity improves with pinhole
- Prescription for glasses.
- General practice or community management.

Conditions generally suitable for general practice or community management unless complicated or causing significant functional impairment:

- Blepharitis
- Eyelid lesions
- Longstanding amblyopia in adult


2. Include triage information for ophthalmology assessment.

Triage information for ophthalmology assessment

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In all requests, include [standard patient and referrer details](#).

3. Send a request via:

-  [ERMS request forms](#), or
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 - Ophthalmology > Cataracts Referral
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Private

1. Read the [disclaimer](#).


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2. Send a request via:

-  ERMS: Ophthalmology > Ophthalmology Referral, or
- contact [the provider](#) directly.

Clinicians listed on:

[ERMS Directory](#)

[Healthpages](#)

Read the [Disclaimer](#)

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Offer all referral options to all patients, even if they are eligible for DHB treatment. The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996 Clause 2 Right 7: the right to make an informed choice and give informed consent.
