

## CORPORATE OFFICE

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### RE Official Information Act request CDHB 10137

I refer to your email dated 2 July 2019 requesting the following information under the Official Information Act from Canterbury DHB.

#### **The *Clinical Priority Assessment Criteria (CPAC)* threshold level (in order to be eligible for publicly funded electives) at the Canterbury DHB for the following elective procedures:**

Clinical prioritisation is the process by which doctors decide, from all the patients accepted for treatment, which individual should have priority for the available capacity of publicly funded services. The goals of the prioritisation process is to determine the order of treatment and deliver treatment equitably which provides fairness in the decision making

Prioritisation is also a predictor of future delivery of treatment and enables clarity to be given to patients as to whether and when they might receive treatment.

Differences between services are due to the number of patients going through the system, number of available resources in the system to be able to provide the service.

#### **1. Cardiothoracic**

All cardiac inpatients and outpatients are discussed at the "Cath" meeting with cardiothoracic surgeons and cardiologists where patients are accepted for surgery or another treatment is decided. Scoring is done via Cardiac CPS system to calculate urgency for both inpatients and outpatient but sometimes clinical urgency is initiated at the meeting. There are seven bands within 0-100 <120 days. This scoring links to the Informus data base which is agreed at a national level by the cardiothoracic surgeons' clinical network.

All lung cancer thoracic patients are discussed at MDM and decision is made to investigate surgical option, timeframe is measured by cancer pathways.

All other thoracic procedures are currently not scored and are dealt with by clinical priority.

## **2. Ear, nose and throat**

The Clinical Priority Assessment Criteria threshold for Ear, nose and throat is 63/100.

## **3. General surgery**

General Surgery were involved in the development of a National Prioritisation Scoring tool which Canterbury DHB implemented a couple of years ago. Our Clinical Priority Criteria threshold for surgical elective procedures is 53/100.

This does not cover the South Island Bariatric Surgery service which has its own National Scoring Tool and our threshold is 70/100.

## **4. Gynaecology**

The Clinical Priority Assessment Criteria threshold for Gynaecology is 65/100.

## **5. Neurosurgery**

Neurosurgery uses the CPAC tool for elective spinal surgery which is a Ministry of Health tool and is available on the Ministry's website. The threshold is 70/100.

## **6. Ophthalmology**

The Canterbury DHB Ophthalmology service has a set of local guidelines on what severity of disease is appropriate for various eye conditions and the triagers accept or decline on this basis. Much of this information is available to referrers via the HealthPathways\*. (Please find attached as **Appendix 1** an example of the information provided to clinicians.

We do have a national assessment tool for cataracts (CPAC) which each DHB sets their own threshold – Canterbury DHB is currently 48/100.

*\*HealthPathways is designed and written for use during a 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.*

There is also information provided which is publicly available on the HealthInfo website.

[www.healthinfo.org.nz](http://www.healthinfo.org.nz);

## **7. Orthopaedics**

The CPAC score for orthopaedics is 50/100. Triaging undertaken in Orthopaedics is carried out for each sub speciality by an orthopaedic surgeon from that subspecialty. The triaging is supported by either a nurse, a physio or a podiatrist alongside the surgeon of the subspecialty.

## **8. Paediatric surgical**

The Clinical Priority Assessment Criteria threshold level for Paediatric Surgery is 80/100. The only thing they do not see is circumcision for religious reasons.

## **9. Plastic and burns**

The Clinical Priority Assessment Criteria threshold level for hands is 45/100 and for all other Plastic conditions, including skin cancer, the threshold is 40/100.

## **10. Urology**

There is no National Clinical Priority Assessment Criteria threshold for Urology. All eligible patients receive treatment. There is a tool that determines urgency.

## **11. Vascular surgery**

Eligible patients are triaged and receive treatment according to acuity. All eligible patients receive treatment. Patients are assessed by the surgeons, a CPAC score between 80 – 100 is attributed.

I trust that 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



Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**

# Acute Ophthalmology Assessment

See also [Children's 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](#).

## Acute Referral Clinic (ARC)

### ARC:

- is a booked outpatient clinic for eye emergencies and acute eye problems. It is not a walk-in clinic.
- accepts referral phone calls from general practitioners, optometrists, or emergency department doctors
- will give the patient an appointment time.


See [Canterbury DHB Eye Clinic](#).

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.
2.  [Disclaimer](#)



## Funding for Squint or Poor Vision

Children  $\leq 15$  who have a high user card or whose parents hold a Community Services Card are eligible for a fully funded assessment by a private ophthalmologist or optometrist.

The funding covers assessment and contributes to the cost of glasses, if required.

The benefit is claimed from ENABLE by the service provider and the general practitioner only needs to write a referral letter.

For further information, see Ministry of Health [Subsidy for glasses and vision tests](#).

Your patient may also wish to consider referral to a private  [optometrist](#) or  [ophthalmologist](#).