

1 March 2021

[REDACTED]
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Dear [REDACTED]

Re: OIA request – Diabetic retinopathy screening during COVID-19 lockdowns

Thank you for your Official Information Act request received 19 January 2021 seeking information from Waitematā District Health Board (DHB) about the number of screens for diabetic retinopathy purchased for 2020.

In response to your request, we can provide the following information:

1. For 2020, the number of screens for diabetic retinopathy purchased, the number of screens delivered and the ‘did not attend’ (DNA) rate.

Like all non-acute, planned health care, the delivery of diabetic retinal screening services has been impacted by the COVID-19 global pandemic. Outlined later in this response is detail around the suspension and disruption of diabetic retinal screening services in our district during last year’s lockdowns.

Waitematā DHB’s diabetic eye screening service is a community-based service. We contract this service to two community-based health providers to deliver the service to patients in our region. This is a fee-for-service agreement, which means only the volumes delivered are paid for.

The volume of diabetic retinal screens that Waitematā DHB contracted our two community-based providers to deliver for the period 01 January 2020 to 31 December 2020 was 8,560 screens.

The number of diabetic retinal screens that were delivered for the same period was 5,756 screens.

The DNA rate (i.e. the number of people who confirmed their appointment and then did not attend) during this period was 4.5%.

2. The estimated number of people living with diabetes within the DHB.

As per the Metro Auckland Clinical Governance Forum, the number of people with diabetes enrolled with a general practice based in Waitematā DHB was 25,711 as of 31 December 2020. This figure includes people who have been coded with a diagnosis of diabetes and see a general practitioner based within the Waitematā DHB catchment but may be domiciled outside of our catchment area.

As per the Ministry of Health Virtual Diabetes Register (VDR), the estimated number of people living with diabetes who are domiciled within the Waitematā DHB catchment is 31,153, as of September

2020. The VDR is an algorithm developed by the Ministry of Health (MoH) that estimates the number of people that have diabetes and are domiciled within a DHB catchment using a number of data sources. More information on the VDR can be found at <https://www.health.govt.nz/our-work/diseases-and-conditions/diabetes/about-diabetes/virtual-diabetes-register-vdr>

Waitematā DHB uses a combination of the VDR and the Metro Auckland Clinical Governance Forum data set to identify our diabetic population as there is no national diabetes register (i.e. a complete register of all people diagnosed with diabetes in New Zealand).

3. How many diabetic retinopathy screening episodes were delivered during lockdown, and how long any disruption lasted (i.e. when did screening return to ‘normal’).

Diabetic retinal screening services in Waitematā DHB were suspended during COVID-19 Alert Levels 3 and 4. Only a very limited service was available at Alert Level 2, with one provider unable to deliver any screening services at their community locations. Services did not return to normal until the move to Alert Level 1.

Where services were able to be delivered during Alert Level 2, protocols around social distancing and spaced appointments were observed. Alert Level 1 appointments are normally scheduled 10 minutes apart. Under Alert Level 2, appointments were scheduled 20 minutes apart to enable the provider to limit the number of people in waiting rooms and also allow time for equipment to be sanitised between appointments.

GPs have been advised that a patient should be re-referred if they are concerned that a person’s condition has changed or they need to be seen urgently. Following these disruptions to service delivery, retinal screening services have been working to safely manage waiting lists with a regional triaging framework in place to ensure those with the highest clinical need are seen first.

Diabetic retinopathy screening episodes delivered during lockdown levels			
	Alert Level 4	Alert Level 3	Alert Level 3
Timeframe	26/03/20 to 27/04/20	28/04/20 to 13/05/20	12/08/20 to 30/08/20
Screening episodes	0	0	2

4. On January 1 2021, how many new referrals were on the wait list for their first screening visit, the average time spent on this wait list and the longest individual time spent waiting?

Provider one: This information is not available due to how new patient appointments are booked. When a new referral is received, the patient is given an appointment within three months.

Provider two: When a new referral is received the patient is provided an appointment based on their clinical risk, which is determined using the regional Diabetic Retinal Screening Clinical Governance prioritisation framework and the clinical judgment of the retinal screener. If an appointment is not made, the patient is put on the waitlist, which includes patients who have already been seen and are on the recall list. Therefore, we not able to provide detail on length of time new patients are waiting for an appointment or what the longest wait for a new patient for this provider is. However, this list is managed to ensure those at highest clinical risk, either new or recall, are seen first.

5. On January 1 2021, how many existing patients were overdue for their follow-up screening appointment, the average overdue time, and the longest individual time overdue?

As at 21 January 2021*, there were approximately 7,000** people overdue for a diabetic retinal screen in Waitematā DHB. As previously mentioned, a regional triaging framework is in place to ensure that those with the highest clinical need are seen first.

In addition, we are seeking to expand services to ensure that waitlists are reduced for patients across our district.

The average length of time on the waitlist is five months. Pregnant mothers are seen in the first trimester of their pregnancy and then as required, which is determined by the presence or absence of diabetic retinopathy.

The longest individual time overdue is for a person who was due to have a diabetic retinal screen in November 2019. This person has been scheduled for an appointment in March 2021. Extended wait times for individuals may be due to a variety of factors, such as an inability to contact the patient due to changes in contact details.

*This information was sourced on 21 January from Waitematā DHB's reporting system, which is updated at least daily. Retrospective information is not available. We are, therefore, not able to provide the data as of 1 January 2021.

**Due to a short-term administrative error, some electronic patient files had not been closed correctly at the time an appointment was booked, meaning some patients are still showing on the waitlist when they have, in fact, received an appointment. Work is underway to remove these patients from the overdue list.

We are, therefore, unable to provide an exact figure as to do so would require the review of individual clinical records of patients.

Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

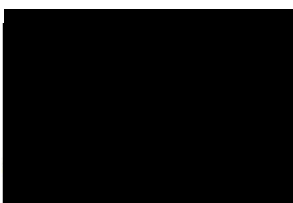
We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

You have the right to seek an investigation and review by the Ombudsman of the decisions made in providing this response. Information about how to seek a review is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

I trust that the information we have been able to provide is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



Director Funding
Waitematā District Health Board