

**Delay in follow-up ophthalmology review**  
**16HDC01010, 12 March 2018**

*District health board ~ Ophthalmology service ~ Glaucoma ~  
Follow-up appointment ~ Delays ~ Demand ~ Prioritisation system ~ Right 4(1)*

A 20-year-old man presented to a district health board (DHB) Ophthalmology (Eye) Service. The man had been referred urgently by a community optometrist and had a family history of glaucoma. He was prescribed eye drops and a follow-up review went ahead. Two months later, at a further scheduled appointment, the man was diagnosed with ocular hypertension. The consultant requested that the man be reviewed again in six months' time.

The man's follow-up appointment was delayed by six months. By this time, he had suffered vision loss in his right eye (which many clinicians subsequently attributed to the delay) and he required an urgent referral for management and surgery. In short, the man did not receive follow-up ophthalmology specialist care relating to his glaucoma management in line with the clinical time frames requested.

**Findings summary**

The DHB failed to arrange a timely follow-up appointment because it did not have a prioritisation system that focused on patients' clinical need, and instead relied on administration staff, who lacked training and clear guidance to prioritise appropriately. Despite concerns being raised with the DHB, it did not recognise the clinical risk created by the lack of capacity at the Ophthalmology Service, and did not take action to rectify the situation after an earlier serious event review in relation to a similar matter had raised associated concerns. In addition, there were missed opportunities for the DHB to rectify the delay in the follow-up appointment. The DHB did not provide services with reasonable care and skill and, accordingly, breached Right 4(1).

The Commissioner was mindful, as detailed in a thorough external review of the Service commissioned by the DHB, of a combination of factors that have driven rapidly increasing demand for ophthalmology services in New Zealand, including outpatient clinic time, over the last ten years. A key factor has been the introduction of very effective new therapies and treatment, which have resulted in consumers needing to see specialists for regular ongoing follow-up and/or treatment, fuelling increased demand for ophthalmology services. The Commissioner considers that the Ministry of Health has a role, with DHBs, to recognise the effect of the introduction of such new technologies and associated pressures on the system, and plan accordingly.

The Commissioner commented that provider accountability is not removed by the existence of such systemic pressures, and that a key improvement that all DHBs and the Ministry of Health must make, now and in the future, is to assess, plan, adapt, and respond effectively to the foreseeable effects that new technologies will have on systems and demand.

Following on from the external review, and the ongoing work of DHBs and the Ministry of Health to address these issues, the Commissioner made a series of detailed recommendations requesting follow-up information and evidence of the effectiveness of corrective actions and strategies adopted.

The DHB was referred to the Director of Proceedings for the purpose of deciding whether any proceedings should be taken. The Director decided not to issue proceedings.