

# Attention: South Australian State Member of Parliament

I write to you as your constituent and on behalf of the Macular Disease Foundation Australia requesting your urgent attention to the following:

1. **Action** on the current capacity crisis in the outpatient eye clinic at Royal Adelaide Hospital. The system is presently at breaking point risking the sight of South Australians;
2. **Support** for a viable and commonsense solution in establishing a *SA Eye Hospital* at the current Royal Adelaide Hospital site.

While most people see their eye specialist in private rooms, eye health services in the public hospital system must always be available. This provides a safety net to ensure no one is denied access to eye health care, including diagnosis and sight saving treatment.

Macular degeneration is the leading cause of blindness and severe vision loss in Australia. The total estimated prevalence of macular degeneration in South Australia is over 91,000.<sup>1</sup> Around 10% have wet macular degeneration which primarily requires sight saving treatment that involves ongoing injections into the eye.

Right now there is a capacity crisis at the Royal Adelaide Hospital outpatient eye clinic. There are long waiting lists for diagnosis and major delays for patients requiring ongoing treatment for eye diseases such as wet macular degeneration. Patients are being forced to wait far beyond the prescribed period of time between injections and it is inevitable that this will result in irreversible vision loss or blindness.

There are currently 24 eye clinic rooms at the Royal Adelaide Hospital and it is proposed that, with the redevelopment of the Royal Adelaide Hospital on a new site, this will be reduced to just 11 rooms. So, while the present capacity crisis is dire, it will only get worse under this proposal and would be a totally unacceptable situation.

There is however, a viable and commonsense solution and an opportunity for the State Government to make a real difference to eye health in South Australia. The McEwin Building at the current Royal Adelaide Hospital site can be quarantined to create a dedicated public eye hospital - the *SA Eye Hospital* - with sufficient capacity to cater for current and future needs of the eye health of the people of South Australia.

I look forward to your response on this important issue.

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: (0 \_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please turn over for more detail on this important issue**

<sup>1</sup> Deloitte Access Economics (2012). *Age-related Macular Degeneration Across Australia: 2012-2030*.

## South Australia's Eye Health Issue

### About Macular Degeneration

- The critical factor in saving sight from macular disease is early detection and treatment. In the case of macular degeneration, the leading cause of blindness and severe vision loss in this country, the sudden onset of the aggressive, wet form of the disease should be treated as a medical emergency.
- There is a limited window of opportunity to commence treatment for wet macular degeneration in order to save sight. Adherence to the ongoing treatment is also critical.

### Royal Adelaide Hospital - Present Issues

- The current outpatient eye clinic at Royal Adelaide Hospital (RAH), the major public hospital ophthalmic service provider in South Australia, is working at breaking point.
- RAH's outpatient clinic currently has 24 rooms, which is inadequate.
- There is presently a 12-24 month wait to get a routine appointment and RAH has ceased taking any new patients.
- Other outpatient eye clinics in central and northern Adelaide are also unable to cope with demand with the RAH and Lyell McEwin Hospital not taking any new patients, and the Queen Elizabeth Hospital has a 24 month waiting list.
- People with deteriorating vision are being placed on long waiting lists to get a diagnosis, however, any delays beyond a few weeks of disease onset can lead to irreversible vision loss.
- Existing patients at RAH, requiring regular, ongoing intraocular injections for wet macular degeneration, are currently being forced to wait far beyond the prescribed injection period. It is inevitable that this will result in irreversible vision loss or blindness.
- The proposed plans for the redevelopment of the RAH will result in a slashing of eye clinic rooms from the current, inadequate 24 rooms to just 11 rooms.

### The Commonsense Visionary Solution

- There is a viable and commonsense solution which involves quarantining the McEwin Building at the current RAH site to create a dedicated public eye hospital - *SA Eye Hospital* - with sufficient capacity to cater for current and future needs of South Australia.
- The conversion of a small part of the current RAH site to become a public eye hospital will be extremely cost effective as it would utilise existing infrastructure, equipment and manpower.
- Virtually all major cities in Australia and New Zealand have a dedicated central eye hospital to deal with public eye care (e.g. Royal Victorian Eye & Ear Hospital, Sydney Eye Hospital, Lions Eye Institute in Perth, Greenlane Eye Centre in Auckland). Hence, this model is proven to work and is widely utilised.
- The cost of blindness from macular degeneration alone in Australia is \$5billion per year. A small and commonsense investment could save sight and the associated emotional, social and financial costs of blindness for generations of South Australians.

**Macular disease is the leading cause of blindness in Australia**

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