

| No. | Item | Action | Responsible Person(s) | Timeframe |
|-----|--|--|---|------------------|
| 3 | Quality of Referrals being sent to rapid access | <ul style="list-style-type: none"> • Referral refinement in situ whereby for Wet AMD patients the referral is emailed to central registration • Relevant tests undertaken at this point | Clinical Director/Directorate Manager | Complete |
| 3b | Health Boards should consider providing educational events / material to raise awareness amongst optometrists and other relevant staff of local referral pathways | <ul style="list-style-type: none"> • Issues and suggestions are discussed in the ECCG. Our HB Optometrist Lead feeds back and liaises with both the Directorate and the Primary Care Optometrists | Clinical Director/ Directorate Manager/ Health Board Optometrist Lead | Complete |
| 3c | Health Boards should ensure feedback is provided to optometrists when required relating to quality of referrals sent to ensure learning | <ul style="list-style-type: none"> • Referral filtering and referral refinement provide the opportunity for feedback to Optometrists which ultimately drives the standard of referrals we receive | Clinical Director/ Directorate Manager/ Health Board Optometrist Lead | Complete |
| 4 | Patient referrals – communication following referrals – discharge quality of information | <ul style="list-style-type: none"> • WET AMD letters are sent after every visits to optometrists and GP • Includes information around treatment undertaken to each eye | Clinical Director/Clinicians | Complete |
| 5 | CHC reports concerns around lack of information provided within secondary care prior to treatment | <ul style="list-style-type: none"> • Upon diagnosis counselling session undertaken with Wet AMD Nurse Practitioner • Information leaflets given • Consultants complete consent form | Clinical Director/Consultants/ Nurse Practitioners | Complete |
| 6 | Concerns around set monitoring for follow-up patients | <ul style="list-style-type: none"> • Delayed follow-ups are monitored | Directorate Manager | In situ – weekly |

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| | | <p>weekly by Scheduled Care Division</p> <ul style="list-style-type: none"> • Follow-up Group in situ chaired by Associate Director of Operations • Follow-ups by patient specific condition are reported through the National Planned Care Programme Board | <p>Associate Director of Operations Directorate Manager</p> | <p>monitoring Complete</p> <p>In situ – in line with timescales for meetings</p> |
| 7 | <p>Lack of incident reporting relating to WG patient harm policy</p> | <ul style="list-style-type: none"> • The HB has a system of reporting of such incidents via Datix and the SI protocol • Royal College has determined harm due to delays as ‘Deterioration of vision in at least one eye of 3 lines of Snellen acuity of 15 letters on the ETDRS chart or deterioration in the visual field of 3 decibels. This issue will be discussed in the next ECCG in March | <p>ECCG/Clinical Director</p> | <p>Complete</p> <p>March 2017</p> |
| 8 | <p>Lack of capacity/fragility of services due to over reliance on consultants, issues relating to lack of capacity, recruitment and lack of investment in services</p> | <ul style="list-style-type: none"> • Demand and capacity plans for new and FU outpatients and treatments developed yearly – 2017/18 plans completed • Detailed sustainability plan updated for 2017/18 • Workforce plan developed 2017/18 • Sub speciality gaps in cornea and glaucoma – addressed through new substantive appointments • ABCi simulation model completed which will enable service to | <p>Assistant General Manager/Directorate Manager/Clinical Director</p> <p>General Manager/Directorate</p> | <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Model developed – scenarios to be</p> |

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| | | <ul style="list-style-type: none"> Monthly heads of department with multi-disciplinary representation | Directorate Manager | |
| 14. | More clarity required in evolving role of Optometrists | <ul style="list-style-type: none"> ECCG to develop further work streams in line with WG guidance | ECCG | In line with timeframes to be determined |
| 15. | Additional use of Optometrists | <ul style="list-style-type: none"> To be discussed at next ECCG | ECCG | March 2017 |
| 16. | Patients not always being referred to their initial low vision assessment by secondary care – utilisation of optometrists | <ul style="list-style-type: none"> Clinicians and Health Care Professionals ensure patients are referred to accredited optometrists for low vision assessment if eligible Information leaflet given on the participating optometrists | ECCG/Clinical Director/Directorate Manager Discussions undertaken at ECG / Heads of Departments/ Directorate | In place In place |
| 17. | Issues in relation to poor relationships between primary and secondary care staff | <ul style="list-style-type: none"> ECG meetings undertaken on a monthly basis Multidisciplinary with staff from secondary and primary care Executive member in place | ECCG | Complete |
| 18. | Betsi Cadwaladr UHB did not have optometric advisor in post at time of review | <ul style="list-style-type: none"> Optometrist advisor is in place for ABUHB | Clinical Director/Directorate Manager | Complete |
| 19. | Concerns raised about different criteria being used by different consultants, which subsequently means some patients are being followed up unnecessarily or treated with little benefit | <ul style="list-style-type: none"> Consultants follow standard pathway. Review to be undertaken and documentation updated. | Clinical Director | 31.3.17 Complete |

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| | | <ul style="list-style-type: none"> In ABUHB any patient whose first treatment was more than two years ago and last treatment was more than a year ago is discharged to the retina clinic for full ophthalmic assessment prior to a decision regarding final discharge | Clinical Director/ Consultants/ Directorate Manager | |
| 20. | Inadequate IT systems to capture useful data. Limited awareness of capacity and demand data | <ul style="list-style-type: none"> ABCI simulation model in situ which has enable the service to understand all sub speciality pathways. This will inform future decision making around demand and capacity and workforce requirements Scenario simulations to be undertaken However the Myrddin System has limitations in giving accurate pathway information and reports HB looking to develop EPR which will also help with benchmarking, outcomes and data collection | ABCi/General Manager/Directorate Manager ABCi/Directorate Manager/General Manager Informatics Team/Value Based Team | Complete March 2017 TBC – to fit in with national programmes |
| 21 | Issues in relation to information sharing | <ul style="list-style-type: none"> CWS is in situ in ODTC for both glaucoma and WET AMD EPR system will include ODTCs | Directorate Manager As above | Complete TBC |
| 22 | Lack of public awareness in relation to general eye care | <ul style="list-style-type: none"> To be discussed further at the next ECCG Leaflets in clinical areas outlining | ECCG Directorate Manager | March 2017 Complete |

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| | | various eye conditions <ul style="list-style-type: none"><li data-bbox="1010 272 1397 306">• Posters in situ in clinic areas | Directorate Manager | Complete |

7.2.17