

## HIW Ophthalmology Review: Cardiff and Vale UHB Action Plan

### Appendix A

Thematic Review: Improvement Plan : 2017-18

CARDIFF AND VALE UHB

Department: Ophthalmology

Date of inspection: 2015/16

	Recommendation	Recommendation Info	Health Board Action	Responsible Officer	Timescale	Update on actions
1	Issues relating to patient referral process (Patient Referrals - Referral Process)	All parties (Welsh Government, NWIS, Ophthalmology Planned Care Board and Health Boards) must work together towards the introduction of electronic patient record/referral system from optometrists directly to secondary care.	1 i)The UHB requested NWIS select Specsavers Cardiff as their pilot site for e-referrals as this our highest referrer to secondary care services ( rather than Boots who were selected by NWIS and who are a very low referrer and are not engaged with the programme) NWIS have declined this request ( 20 Jan 17) . Therefore the UHB is exploring other options.	Gareth Bulpin/Fiona Jenkins	March 17	
			1ii) In addition work has been commenced by the national eye care steering group to look at developing an EPR for eyes, though implementation is not expected until 2018.	National eye care steering board/NWIS	April 18	
2	The CHC's National Ophthalmology Review highlighted that some patients felt they had not been provided with sufficient information	Health Boards via Local Eye Care Groups should work with optometrists to ensure that patients are provided with adequate and accessible information regarding the reason for their referral to secondary	2. Optometric lead will review current arrangements and develop an action plan to address gaps working with patient groups and third sector	David O Sullivan	June 17	

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	regarding the reason for their referral. (Patient Referrals - Referral Process)	care and ensuring that all patients feel listened to and involved in decisions made around their care.				
3	Quality of referrals being sent to rapid access pathway (Patient Referrals – Quality of Referrals)	3 A) Health Boards should consider methods to refine referrals to ensure patients enter the most appropriate care pathway in a timely and efficient manner, avoiding unnecessary visits.	3 A) Pathway redesign and audit as part of Big 3 service improvement	Ruth Jordan/ David O Sullivan	Nov 16 – June 17	
		B) Health Boards should consider providing educational events/material to raise awareness among optometrists and other relevant staff of local referral pathways	3 B) Training sessions with optometrists	David O Sullivan	Commenced Nov 16 with an on-going scheduled training programme	
		C) Health Boards should ensure feedback is provided to optometrists when required relating to quality of referrals sent to ensure learning.	3 C) Training sessions with optometrists	David O Sullivan	Commenced Nov 16 with an on-going scheduled training programme	

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4	Lack of feedback provided to optometrists following referral and discharge of patients. (Patient Referrals – Communication Following referral) (Discharge patient – Quality of information)	A) Health Boards should ensure feedback of diagnosis and a treatment plan is provided to referring optometrists following every referral	4A) Exploring potential for patient management system to enable communication back to referring optometrist, (rather than just GP) to give timely feedback.  If this is possible to develop implementation plan to progress. If development work needed to develop a plan for this work.	Phil Clee	March 17	
		B) Optometrists must use the appropriate referral form and ensure that their name and practice address are clearly legible	4 B) To be included in training (Action 3 B & 3C)	David O Sullivan	Commenced Nov 16 with an on-going scheduled training programme	
		C) Health boards/welsh government must ensure that systems are introduced to improve the amount of information available to optometrists in relation to patients who have been discharged from secondary care	4Ci) LHB action included in Action 4 A	Phil Clee	March 17	
			4Cii) WG action included in enabling procurement and deployment of EPR (Action 1ii)	WG/NWIS	April 18	
5	CHC reports concerns around lack of information provided within secondary care prior to treatment (Patient Referrals – Communication Following referral)	Health Boards must ensure that patients are provided with adequate information about their condition and proposed care plan prior to any investigation or treatment. This should conform to the principles outlined in GMC guidance on informed consent.	5. C&V UHB has good information for patients. However Audit will be undertaken to ensure that patients feel informed about their care plan and treatment and this conforms to GMC guidance on informed consent	Ophthalmology consultants via their audit programme	September 2017	

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6	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets)	A) The Welsh Government should ensure that Patient Administration Systems are capable of providing data on clinician recommended follow-up interval and actual follow-up interval by care pathway.	6 A) Ophthalmology to work with IT team to determine whether PMS can deliver this functionality	Denis Williams & Phil Clee	March 17	
		B) Health Boards must ensure that care is provided for those (new or follow-up patients) with the greatest health need first, making most effective use of all skills and resources available.	6 Bi) Work being led by Dr Graham Shortland on a national basis on behalf of the medical directors, to address this recommendation with regard to prioritisation.	Graham Shortland	Dec 16- June 17	
			6 Bii) In addition developing ODTC and nurse led initiatives to increase capacity for consultants to see those patients in most clinical need of seeing a consultant	Mike Bond/Denis Williams & PCIC	Jan 17- Sept 17	
		C) Clinical teams must clearly document the follow-up regime selected for each case. This should be applied consistently according to agreed protocols. The patient should be kept informed of any changes to the plan	6 C) Being captured through Consultant outpatient module of PMS, but also requires additional outpatient service improvement, which will be managed by surgery clinical board as part of the eye care improvement programme (BIG 3)	Denis Williams/ Sean O Keefe	Sept 17	
7	Lack of incident reporting relating to WG patient harm policy (Incident Reporting)	A) Health Boards must ensure that there are mechanisms in place to review incident reports to identify potential patterns providing early warnings to more serious system failures	7A) Remind staff of incident reporting requirements and ensure incidents are reviewed as part of quality and safety agenda for surgery clinical board	Clare Wade	May 17	

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		B) Health Boards must ensure on the occasions where any incidents occur, in line with the WG policy related to patient harm, that these are reported as Serious Untoward Incidents (SUI's).	7B) Ensure ophthalmology incident reporting to WG complies with SUI policy	Carol Evans ( Assistant Director Nursing)	Jan 17	
8	Lack of capacity/Fragility of services of services due to over-reliance on consultants. Issues relating to lack of capacity, recruitment and lack of investment in services. (Treatment - Capacity)	A) Health Boards must proactively develop workforce plans which set out to address any shortfalls in the current service capacity and available facilities to mitigate the risks to patient care. These plans should seek to maximise capacity by making most effective use of the skills of medical and non-medical staff available, as well as available space/facilities.	8A) Workforce plans developed in line with IMTP plans for eye care and also as part of national work on eye care workforce planning – looking to adopt prudent workforce principles)	PCIC and Surgery Clinical Board workforce leads	Jan – March 17	
		B) Health boards must consider ways to work more closely with colleagues from primary care. For example, providing equipment (and training) to optometry practices to allow them to undertake referral refinement and/or assessments on stable patients. This needs to be	8B) Developing plans for ODTC and maximising primary care element of pathways as part of eye care plan implementation and BIG 3 workstreams	Mike Bond, Denis Williams, Rhian Bond, David Osullivan, Jane Brown	Feb 17- Sept 17	

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		done in a planned and strategic way under control of the health board.				
9	Health boards should learn from the experiences following progress made in other areas (Treatment – Initiatives to improve Capacity)	A) Health Boards must ensure that they fully engage with the Ophthalmology Planned Care Board to aid shared learning from/with staff in other areas.	9A) C&V now have senior attendance at National Planned Care Boards including CB representation by the Director of Operations Directorate manager and Optometric advisor	Mike Bond, Denis Williams David O Sullivan	Jan 2017	
		B) Welsh Government should consider whether there is a need to develop further approaches to encourage shared learning between health boards as well as more integrated methods to address common themes/issues being experienced across Wales. For example, the introduction of non-medical injectors.	9B) WG action, but will be addressed by national planned care board eye health group where all LHBs are represented. Possibly also an action for OSAG	WG action	Sept 17	
10	Importance of the AMD Coordinator role (Service Support Staff – AMD Coordinators)	Due to the demands of the role and the importance of providing continuity of cover, consideration should be given by Health Boards as to whether one AMD Coordinator is sufficient for the eye care service	10. AMD co-ordinator is employed. Additional resource has been provided to ensure continuity during times of leave	Denis Williams	Jan 2017	

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11	ECLO – lack of utilisation of the role from other staff (Service Support Staff – Eye Care Liaison Officer)	Health Boards must ensure that all staff are aware of the availability of the local ECLO service. Ensuring patients have access to relevant advice and support.	11. Good engagement with ECLO, office accommodation within main outpatients setting. Involvement in Audit/Directorate meetings.2017	Denis Williams	Jan 2017	
12	ECLO – Limited capacity/cover (Service Support Staff – Eye Care Liaison Officer)	Health Boards should ensure that there is ECLO for their eye care clinics at all times and consideration should be given as to whether one ECLO is sufficient for the eye care service.	12. 2017-18 Funding for ECLO requires securing	Mike Bond/ Tina Bayliss	March 2017	
13	Concerns raised by staff in relation to a lack of processes in place to submit comments/suggestions to health board management. (Service Support Staff – Eye Care Liaison Officer)	Health Boards must ensure that there are methods in place to allow all staff to raise any concerns/suggestions about improvements to service provision they may have. This process should to ensure that feedback is routinely provided to individuals	13 i) UHB has a programme of staff engagement (Values into Action” which has gathered input from 3000 sources. Feedback sessions are in place as well as tools to aid speaking up. Via feedback lead by UHB OD team.	Clare Radley	Jan – Feb 17	
			13 ii) In addition the BIG 3 principles include engagement with clinicians and encouraging feedback to improve services.	Continuous engagement via Surgery clinical board, Alun Tomkinson, Mike Bond/ Denis Williams	Feb 17	

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14	More clarity required in relation to evolving role of optometrist (The role of optometrist)	To enable more effective utilisation of optometrists, Welsh Government must provide clarity to health boards relating to Indemnity, resource & finance arrangements, training/qualifications and communication mechanisms.	14. WG action. And subsequent UHB implementation	WG action	Await WG timescale	
15	Additional utilisation of optometrists is required to increase capacity (HDHB example) and reduce the burden on secondary care. (Utilisation of optometrists)	Health boards should consider additional utilisation of optometrists to increase available capacity and reduce burden on secondary care. Health Board will need to ensure that issues are clarified around Indemnity, resource & finance arrangements, training and communication, for optometrists.	15 i) Will develop capacity and demand plans and identify capacity gap, and the skills mix required to fill any identified gap.	Surgery clinical Board and PCIC	March 17	
			15ii) Will seek clarity from WG re indemnity, financing and other elements as required ( Action 14 above)	Fiona Jenkins	April 17	
16	Patients not always being referred for their initial low vision assessment by secondary care staff. (Utilisation of optometrists)	Health Boards must ensure that staff are reminded of the importance of referring all eligible patients are referred to an accredited optometrist for a low vision assessment.	16. As part of demand and capacity and service redesign work is underway with the optometric lead to develop further the use of optometrists in the service	David O Sullivan	Jan 2017	
17	Issues in relation to poor relationships between primary and secondary care	Health boards must ensure that relevant staff engage with the local Eye Care Group. The group should	17.This is currently happening. Regular meetings, minuted and attended by both Primary and Secondary care clinicians and managers. Last was held on 13/01/2017.	Fiona Jenkins/ PCIC and	Scheduled	



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	staff impacting on progress to service developments (Primary and Secondary Care Relationship)	meet regularly and be chaired by a member of the executive team. A key objective is to improve the working relationships between primary and secondary care staff to foster joint working initiatives.	Next scheduled for 10/02/2017. Exec Chair of the C&V eye care group is also Chair of the national group.	Surgery Clinical Boards and partners	quarterly meetings.	
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 chance of benefit. (Discharging Patients – Criteria)	Health Boards must ensure their AMD service has a policy setting out criteria for discharging 'wet' AMD patients in line with Royal College Guidance. The aim being to ensure that patients do not remain within the service longer than required. Maximising capacity for patients most likely to benefit. Adherence to the policy could form part of the annual service audit.	18.BIG3 AMD workshop being held on 20/01/2017 looking at pathway redesign. These criteria will be discussed.	Ruth Jordan	April 2017	
20	Inadequate IT systems to capture useful data. Limited awareness of capacity and demand data. (Information Management Systems - planning)	Improvements must be made to information management systems within health boards to enable accurate capturing of capacity and demand (performance) data to allow for more informed workforce planning and to ensure resource provisions are based on patient need.	20i) Review of PMS ability to track follow ups will be undertaken ( Action 6A above).	Phil Clee	Mar 17	
			20ii) Use of WPRS to enable e referral will support improvements in capturing demand. However this requires optometry to be enabled to refer electronically, which is being picked up as action in actions (1i and 1ii)	National eye care steering board/NWIS	April 18	
			20 iii) However a significant part of the issue is NHS Wales coding requirements for outpatients – this needs further exploration via the planned care Board.	Peter Lewis Planned CB	June 17	

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21	Issues in relation to information sharing (Information Management Systems –sharing information)	Improvements must be made on improving the access to/sharing of patient information within health board areas to improve efficiency of services	21. Specific issues will be highlighted by clinicians, and issues that can not be resolved and needing IG sharing advice to be raised with corporate information governance.	Sanjiv Banerjee/ Paul Rothwell	April 17	
22	Lack of public awareness in relation to general eye care (Public Awareness)	Welsh Government , Public Health Wales and Health Boards need to consider how the general public can be made more aware the importance of regular eye checks, general eye care issues, as well as the symptoms to look out for which are associated with the more serious eye conditions and the importance of seeking healthcare advice quickly. More information needs to be provided on the different services/professionals available to see/treat patients in relation to their eye care conditions.	22.This is an action for Public Health Wales as part of the national plan	PHW	Dec 2017	

**Health Board Representative:**

**Name (print):**            **Fiona Jenkins**

**Title:**                    **Executive Director Therapies and Health Science and Chair Cardiff and Vale Eye Care Group**

**Date:**                    **8/3/17**