

Powys Teaching Health Board

Initial local response to the HIW ophthalmology thematic review recommendations

As a result of the findings from our review, we have included the following overarching recommendations for Health Boards and policy makers to consider.

	Report finding	Recommendation info	Initial Powys Teaching Health Board Response	Responsible Person	Time Frame
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.	Health Board is aware of this development and will play its full part as the EPR is rolled out across Wales. Arrangements in Powys will need to reflect the fact the county has strong links with English providers in terms of eye care services.	Head of ICT and Programme Office, PTHB	The health board is committed to meeting its obligation in line with the centrally led timetable for this work
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 information regarding the reason for their referral to	The Health Board, through its Eye Care Group, will, by April 2017, consider the most appropriate way of ensuring optometrists in the county are providing patients with adequate information when referring them into a	Assistant Director of Quality & Safety, PTHB	Quarter 2 2017/18

	<p>regarding the reason for their referral.</p> <p>(Patient Referrals - Referral Process)</p>	<p>secondary care and ensuring that all patients feel listened to and involved in decisions made around their care.</p>	<p>secondary care service. The Health Board notes that in the National Ophthalmology Patient Experience Review (NOPER) published in October 2016 by the Board of Community Health Councils in Wales, 100% of patients said they were satisfied that their condition was fully explained to them and a high level of satisfaction with the amount of information providing when consenting to treatments.</p>		
3	<p>Quality of referrals being sent to rapid access pathway</p> <p>(Patient Referrals – Quality of Referrals)</p>	<p>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.</p> <p>B) Health Boards should consider providing educational events/material to raise</p>	<p>A Business Case is being submitted through the Executive Team to address this issue subject to sign off in April 17, the Health Board plans to introduce an ophthalmology referral triage service. This will involve trained optometrists reviewing all routine and urgent referrals to ensure (a) the patient is on the appropriate pathway and (b) the referral is sufficiently complete in terms of information provided.</p> <p>The Health Board will address this recommendation as part of the planned referral refinement service</p>	<p>Assistant Director of Primary Care, PTHB</p> <p>Assistant Director of Primary Care,</p>	<p>Quarter3 2017/18</p> <p>As above.</p>

		<p>awareness among optometrists and other relevant staff of local referral pathways.</p> <p>C) Health Boards should ensure feedback is provided to optometrists when required relating to quality of referrals sent to ensure learning.</p>	<p>referred to in (A) above.</p> <p>Providing feedback in the way recommended is central to the planned referral triage service referred to in (A) above. When referrals don't meet the required standard, they will be returned to the referring optometrist with advice on what additional information is required.</p>	<p>PTHB</p> <p>Assistant Director of Primary Care, PTHB</p>	<p>As above</p>
4	<p>Lack of feedback provided to optometrists following referral and discharge of patients</p> <p>(Patient Referrals – Communication Following referral) (Discharge patient – Quality of information)</p>	<p>A) Health Boards should ensure feedback of diagnosis and a treatment plan is provided to referring optometrists following every referral made to the service, including whether a referral to a low vision service has been made.</p> <p>B) Optometrists must use the appropriate referral form and ensure that their name and practice</p>	<p>The Health Board clearly understands that feedback to a referring optometrist is of equal importance to that of a referring GP. The Health Board has arrangements in hand to ensure such feedback is made available to optometrists referring into either a Powys-provided eye care service or a service provided outside of Powys by an external provider.</p> <p>The Health Board is confident its optometrists are using the appropriate Eye Health Examination Wales (EHEW) referral form. A sample audit</p>	<p>Locality General Managers for Powys provider services & Assistant Director of Commissioning, PTHB for externally commissioned services</p> <p>Assistant Director of Primary Care, PTHB</p>	<p>Quarter 2 2017/18</p> <p>Quarter 1 2017/18</p>

		<p>address are clearly legible.</p> <p>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</p>	<p>will be undertaken in Q1 17/18. Where it is discovered this is not the case, the Health Board will take action on an individual optometrist basis.</p> <p>This is addressed as part of the response to (A) above.</p>	<p>Locality General Managers for Powys (provider services) & Assistant Director of Commissioning, PTHB (for externally commissioned services).</p>	<p>Quarter 2 2017/18</p>
5	<p>CHC reports concerns around lack of information provided within secondary care prior to treatment</p> <p>(Patient Referrals – Communication Following referral)</p>	<p>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.</p>	<p>The Health Board notes that in the NOPER, 100% of the patients surveyed (as part of the in-county provided service) were satisfied their conditions were fully explained and there were high levels of satisfaction amongst patients feeling they had been involved in decisions made around their care.</p> <p>The Health Board will ensure out-of-county service providers are made</p>	<p>Assistant Director of Commissioning</p>	<p>Quarter 2 2017/18</p>

			aware of the need to adhere to the GMC guidance on informed consent.	Development, PTHB	
6	Concerns around there being no set monitoring for follow-up patients (Treatment Timescale – Targets)	<p>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.</p> <p>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.</p> <p>C) Clinical teams must clearly document the follow-up regime selected for each case. This</p>	<p>All ophthalmology referrals into the Powys-provided ophthalmology service are prioritised by a clinician within 5 working days of receipt. Follow-up will be similarly guided as call-back periods are also set clinically. The performance of waiting times for both new and follow-up patents are reviewed monthly by the Health Board through its Delivery and Performance Committee. When follow up is delayed in particular with no agreed date then each case will be reviewed to ensure action and follow up is in place.</p> <p>For the Powys-provided services, intelligence informing follow-up call-back periods comes from individual</p>	<p>Locality General Managers, PTHB</p> <p>Locality General Managers, PTHB</p>	<p>Monthly via the Delivery and Performance Committee</p> <p>Complete</p>

		should be applied consistently according to agreed protocols. The patient should be kept informed of any changes to the plan.	clinicians. In the NOPER, there was a high level of patient satisfaction expressed in relation to feeling involved in decisions made around their care.		
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. B) Health Boards must ensure on the occasions where any incidents occur, inline with the WG policy related to patient harm, that these are reported as Serious Untoward Incidents (SUI's).	Datix is used as the incident reporting mechanism across Powys. This is used to record and report incidents known to have occurred in a primary care setting. All reported incidents are fully investigated and reported upon. These are reported via the Board Patient Experience Quality and Safety Committee on a quarterly basis. The Health Board can confirm it does report serious incidents in line with Welsh Government requirements.	Assistant Director of Quality & Safety, PTHB Assistant Director of Quality & Safety, PTHB	Complete Complete
8	Lack of capacity/Fragility of services of services due to over-reliance on	A) Health Boards must proactively develop workforce plans which set out to address any	The Health Board does not directly employ consultant grade ophthalmology staff. For the Powys-provided services, this resource is	Assistant Director of Primary Care, PTHB (relating to	Quarter 3, 2017/18 for first phase

	<p>consultants. Issues relating to lack of capacity, recruitment and lack of investment in services.</p> <p>(Treatment - Capacity)</p>	<p>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.</p>	<p>secured via service level agreements with external providers, both within and outside Wales. Acknowledging the pressure experienced by hospital eye services, the Health Board has worked proactively to increase the level of activity provided in the county by non-medical staff. It works closely with the optometry community and has been successful in the last 12 months to (a) recruit 5 optometrists to work in the new Wet AMD service in South Powys; (b) ensure that nearly all post-operative cataract eye examinations are undertaken in primary care; (c) ensuring optometrists in Shropshire can provide, and be paid for, post-operative cataract eye examinations involving Powys patients; recognising that some patients access their regular eye care services outside of Powys. The Health Board is currently involved in the development of a Wet AMD service in North Powys which will utilise the premises and workforce of an optometry practice, but with the full involvement of consultant grade staff too. It will provide a service which is more accessible for patients, yet reducing the need for hospital accommodation and resources. This is set to commence in Summer 2017.</p>	<p>the primary care workforce) Assistant Director of Workforce and OD, PTHB (for non-primary care workforce)</p>	
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		<p>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 done in a planned and strategic way under control of the Health Board.</p>	<p>As a primary care focussed organisation, the Health Board continues to work closely with primary care optometrists. Examples are given above, but more is planned for implementation in 2017/18 subject to satisfactory governance arrangements being in place and the ability to recoup costs from secondary care commissioned sources. A list has been drawn up of other services which have the potential of being delivered in a primary care setting, given the availability of suitably skilled and competent optometrists with access to the required facilities and equipment.</p> <p>Reference to referral refinement is linked very closely to that of the referral triage service mentioned in 3 above. The Health Board has a good track record of working with, and continuing to work with, primary care colleagues.</p>	<p>Assistant Director of Primary Care, PTHB</p>	<p>Quarter 4, 2017/18</p>
9	<p>Health Boards should learn from the experiences following progress made in</p>	<p>A) Health Boards must ensure that they fully engage with the Ophthalmology Planned</p>	<p>The Health Board is fully engaged with the work of the WOPCB, with a senior manager and commissioning manager attending meetings.</p>	<p>Assistant Director of Primary Care, PTHB</p>	<p>Complete</p>

	<p>other areas</p> <p>(Treatment – Initiatives to improve Capacity)</p>	<p>Care Board to aid shared learning from/with staff in other areas.</p> <p>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.</p>	<p>This is a WG action. The Health Board does, however, have non-medical injectors as part of its local Wet AMD service.</p>		
10	<p>Importance of the AMD Coordinator role</p> <p>(Service Support Staff – AMD Coordinators)</p>	<p>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.</p>	<p>The Health Board established its first in-county Wet AMD service in Brecon in March 2016. This is a one day each week service which has a dedicated co-ordinator to oversee the patient administration arrangements.</p>	<p>Locality General Manager (Mid & South Powys), PTHB</p>	<p>Complete</p>
11	<p>ECLO – lack of utilisation of the role from other staff</p>	<p>Health Boards must ensure that all staff are aware of the</p>	<p>An ECLO has been in post in Powys for two years and there are positive</p>	<p>Assistant Director of</p>	<p>Complete</p>

	(Service Support Staff – Eye Care Liaison Officer)	availability of the local ECLO service. Ensuring patients have access to relevant advice and support.	working relationships with staff working at community hospital level where the ECLO is providing cover.	Primary Care, PTHB	
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.	An ECLO has been in post in Powys for two years and at this time not all clinics are covered consistently. The aim for 17/18 is to have all clinics across the county covered for 50% of the time. The remaining 50% will be covered by referrals from well informed local staff being made to the ECLO.	Assistant Director of Primary Care, PTHB	Quarter 4, 2017/18
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.	The Health Board takes very seriously the ability of its staff to raise concerns. They are actively encouraged to do so; this includes those working to deliver ophthalmology services.	Assistant Director of Quality & Safety, PTHB	Complete
14	More clarity required in	To enable more effective	This is a WG action, although		

	<p>relation to evolving role of optometrist</p> <p>(The role of optometrist)</p>	<p>utilisation of optometrists, Welsh Government must provide clarity to Health Boards relating to Indemnity, resource & finance arrangements, training/qualifications and communication mechanisms.</p>	<p>optometrists are being widely used in Powys to support the delivery of what are otherwise secondary care services. This includes assisting in the delivery of the Wet AMD service in Brecon and undertaking cataract post-operative eye examinations across the county.</p>		
15	<p>Additional utilisation of optometrists is required to increase capacity (HDHB example) and reduce the burden on secondary care.</p> <p>(Utilisation of optometrists)</p>	<p>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.</p>	<p>The Health Board works very positively with both the optometry community in Powys and Optometry Wales. This is assisted considerably by having two optometry advisers who are practising optometrists in the county. 5 optometrists have been appointed to support the Wet AMD service in Brecon and 2 assist with general ophthalmic clinics there and in Llandrindod Wells. Following cataract surgery in Powys, virtually all follow-up assessments are undertaken by optometrists. The Health Board has extended the ability of doing so to optometrists working in Shropshire and seeing Powys patients. In order to break down the traditional barriers between secondary and primary care,</p>	<p>Assistant Director of Primary Care, PTHB</p>	<p>Complete, with continued adherence reviewed monthly</p>

			work is well advanced to introduce a services of additional services in North Powys which involve a primary care setting being used to deliver services provided jointly by optometrists and consultant staff.		
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.	Steps will be taken by the Powys Eye Care Group to ensure that by 30 th June 2017, all staff working in community hospitals and involved in the delivery of ophthalmology services are aware of the low vision service and how it is accessed. This will be achieved in conjunction with the Low Vision Service Wales.	Locality General Managers, PTHB	Quarter 2, 2017/18
17	Issues in relation to poor relationships between primary and secondary care staff impacting on progress to service developments (Primary and Secondary Care Relationship)	Health Boards must ensure that relevant staff engage with the local Eye Care Group. The group should 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.	The Powys Eye Care Group meets bi-monthly and has a nominated executive director chair. The group is considered to have a largely representative membership.	Director of Primary & Community Care, PTHB	Complete

18	Betsi Cadwaladr UHB did not have optometric advisor in post at time of our review (Primary and Secondary Care Relationship)	Betsi Cadwaladr UHB must ensure that a permanent optometric advisor is recruited into post in line with the WG requirement.	N/A		
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.	Powys has an in-county Wet AMD service based at Brecon Hospital. It is clinically led by staff from Wye Valley Trust. Adherence to the RCG will be considered by the Wet AMD project board.	Wet AMD Project Board, South Powys	Quarter 1, 2017/18
20	Inadequate IT systems to capture useful data. Limited awareness of capacity and demand data.	Improvements must be made to information management systems within Health Boards to enable accurate capturing of capacity and demand (performance) data to allow for	The Health Board has developed a set of local indicators which demonstrate its performance against general ophthalmology out-patient activity and waiting times; and cataract and wet AMD activity. The Health Board plays	Director of Planning & Performance, PTHB	Complete

	(Information Management Systems - planning)	more informed workforce planning and to ensure resource provisions are based on patient need.	its part too in developing improvements to the ophthalmology reporting systems on an all-Wales basis.		
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.	The Health Board is confident that within the Health Board area, those requiring legitimate access to patient information (be that on a clinical or management perspective) has access to it.	Medical Director	Complete
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	Believing that regular eye examinations should be a feature of a child’s early year’s health checks, the Health Board’s school screening service is working to encourage parents/carers to establish regular contact with their high street optometrists. This reflects an objective contained within the Health Board’s eye care delivery plan.	Assistant Director of Communications, PTHB	Quarter 2, 2017/18

		to see/treat patients in relation to their eye care conditions.			
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