

Cwm Taf UHB - HIW Thematic Review of Ophthalmology Action Plan

Report finding	Recommendation	Response/Action	Responsible Officer/Organisation	Deadline
<p>Issues relating to patient referral process</p> <p>(Patient Referrals - Referral Process)</p>	<p>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.</p>	<p>Discussion are currently taking place with Welsh Government, NWIS and health boards regarding the development of an All Wales electronic patient record system</p>	<p>Welsh Government</p>	<p>TBC</p>
<p>The CHC's National Ophthalmology Review highlighted that some patients felt they had not been provided with sufficient information regarding the reason for their referral.</p> <p>(Patient Referrals – Referral Process)</p>	<p>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 care and ensuring that all patients feel listened to and involved in decisions made around their care.</p>	<p>Cwm Taf CHC did not participate in the National Ophthalmology Review therefore there was no direct feedback to the UHB with regards to this issue. However, UHB has close working relationships with community optometrists through its optometry liaison group and eye healthcare which allow for these discussions to take place</p> <p>The Cwm Taf CHC is to undertake their own survey of ophthalmology services an action plan will be developed in response to any issues raised.</p>	<p>Assistant Director Primary Care, Children and Community Services</p>	<p>June 2017</p>

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<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>Ongoing referral audit with the optometric advisor to ensure referrals and pathways are appropriate.</p> <p>The introduction of an electronic patient record system will support this</p>	<p>Independent Advisor</p> <p>Optometric</p>	<p>Sept 2017</p>
	<p>B) Health Boards should consider providing educational events/material to raise awareness among optometrists and other relevant staff of local referral pathways.</p>	<p>The UHB already holds regular education events with Optometrists around referral pathways.</p>	<p>Independent Advisor</p> <p>Optometric</p>	<p>Sept 2017</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>At the last education event the UHB optometric advisor provided feedback to those present on the quality of the referrals received. This will be an ongoing theme for discussion.</p>	<p>Independent Advisor</p> <p>Optometric</p>	<p>June 2017</p>
<p>Lack of feedback provided to optometrists following referral and discharge of patients</p> <p>(Patient Referrals – Communication Following referral) (Discharge patient –</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,</p>	<p>The UHB provides, as a matter of routine, feedback of the diagnosis and treatment to all referring optometrist in addition to the patients GP.</p>	<p>Clinical Lead for Ophthalmology</p>	<p>Ongoing</p>

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<p>Quality of information)</p>	<p>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 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>Optometrist as encouraged to use the WEC referral form, where appropriate, for all referrals to the ophthalmology service. Referrals quality is audited and feedback provided.</p> <p>The UHB provides, as a matter of routine, feedback of the diagnosis and treatment to all referring optometrist in addition to the patients GP.</p>	<p>Independent Optometric Advisor</p> <p>Clinical Lead for Ophthalmology</p>	<p>June 2017</p> <p>Ongoing</p>
<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>Cwm Taf CHC did not participate in the National Ophthalmology Review therefore there was no direct feedback to the UHB with regards to this issue. However a review will be undertaken of all information provided to ensure it conforms to GMC guidance.</p>	<p>Clinical Lead for Ophthalmology</p>	<p>June 2017</p>

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	<p>patterns providing early warnings to more serious system failures.</p> <p>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).</p>	<p>incidents: no harm, low, moderate and severe through DATIX</p> <p>B) Again as highlighted in the Report the UHB complies with the WG on the reporting of SUIs.</p>	Clinical Lead for Ophthalmology	Ongoing
<p>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.</p> <p>(Treatment - Capacity)</p>	<p>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.</p>	<p>The UHB currently utilises the use of non medics as detailed in areas below.</p> <ul style="list-style-type: none"> • Optometrists in AMD glaucoma and cataracts clinics • Medical photographers for virtual clinics in diabetic and medical retinopathy and in the area of ocular plastics <p>The UHB recognises there is a need to develop the role of nurse and/or non-medical injectors in the deliver of the wet AMD service.</p>	Clinical Lead for Ophthalmology	Sept 2017
	<p>B) Health boards must consider ways to work</p>	<p>The UHB has provided funding for all optometrist to purchase</p>	<p>Assistant Director Primary Care, Children and Community</p>	June 2017 (first cohort)

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	<p>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>pachymeters to assist in referrals refinement for glaucoma and ocular hypertension.</p> <p>The UHB is supporting the training of community optometrist in the areas of independent prescribing and certificates in glaucoma care.</p> <p>All such developments are discussed and approved through the UHBs Eye Healthcare Group and contract issues through the optometry liaison group.</p>	<p>Services/ Independent Optometric Advisor</p>	
<p>Health boards should learn from the experiences following progress made in other areas</p> <p>(Treatment – Initiatives to improve Capacity)</p>	<p>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.</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</p>	<p>The UHB is currently fully engaged with the Ophthalmology Planned Care Board and will continue to be so.</p> <p>Welsh Government through 100 lives plus have organised National Events to share practice and there are events such as “Transforming Outpatient Services” which also allow for opportunities to share learning.</p>	<p>Clinical Lead for Ophthalmology/Directorate Manager</p> <p>Welsh Government</p>	<p>June 2017</p> <p>TBC</p>

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	<p>themes/issues being experienced across Wales. For example, the introduction of non-medical injectors.</p>			
<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 UHB has an AMD Coordinator in place but needs to consider its contingency for providing cover for this role.</p>	<p>Directorate Manager</p>	<p>June 2017</p>
<p>ECLO – lack of utilisation of the role from other staff</p> <p>(Service Support Staff – Eye Care Liaison Officer)</p>	<p>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.</p>	<p>The UHB currently has an ECLO present in all of its wet AMD clinics and staff are aware of their presence and role.</p>	<p>Directorate Manager</p>	<p>Ongoing</p>
<p>ECLO – Limited capacity/cover</p> <p>(Service Support Staff – Eye Care Liaison Officer)</p>	<p>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.</p>	<p>The UHB has recently taken on a second ECLO funded by the RNIB. This will allow coverage of the eye care clinics to be increased and for the creations of support groups for patients. The impact of the second post will be formally evaluated.</p>	<p>Assistant Director Primary Care, Children and Community Services</p>	<p>Dec 2017</p>

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<p>Concerns raised by staff in relation to a lack of processes in place to submit comments/suggestions to health board management.</p> <p>(Service Support Staff – Eye Care Liaison Officer)</p>	<p>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 ensure that feedback is routinely provided to individuals.</p>	<p>The Eye Healthcare Group has a wide representation which allows any suggestion from staff at all levels to be brought to the Group.</p> <p>In addition, the UHB has a “grapevine” function on its intranet for any staff to raise comments in regard services; this also includes a feedback mechanism.</p>	<p>Assistant Director Primary Care, Children and Community Services</p>	<p>Ongoing</p>
<p>More clarity required in relation to evolving role of optometrist</p> <p>(The role of optometrist)</p>	<p>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.</p>	<p>The UHB commissions works with the community optometrists within the bounds of the Eye Health Wales Examination guidance. This will require additional funding to expand the range of services they provide.</p> <p>The hospital bases optometrists are indemnified by the UHB.</p>	<p>Welsh Government</p>	<p>TBC</p>
<p>Additional utilisation of optometrists is required to increase capacity (HDHB example) and reduce the burden on secondary care.</p>	<p>Health boards should consider additional utilisation of optometrists to increase available capacity and reduce burden on secondary</p>	<p>The Health Board already utilises the community optometrists for the provision of post cataract examination through EHEW. Additional</p>	<p>Assistant Director Primary Care, Children and Community Services</p>	<p>June 2017</p>

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<p>(Utilisation of optometrists)</p>	<p>care. Health Board will need to ensure that issues are clarified around Indemnity, resource & finance arrangements, training and communication, for optometrists.</p>	<p>resources will be required to expand this provision.</p>		
<p>Patients not always being referred for their initial low vision assessment by secondary care staff.</p> <p>(Utilisation of optometrists)</p>	<p>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.</p>	<p>The UHB has a good provision of low vision accredited optometrist and referrals are made via the ECLO and other clinical staff in ophthalmology. The availability of the low vision service needs to be promoted to other health care professionals both in primary and secondary care.</p> <p>Work is ongoing with the Low Vision Service Wales to produced updated leaflets and posters for distribution.</p>	<p>Assistant Director Primary Care, Children and Community Services/ Low Vision Service Wales Joint Committee</p>	<p>June 2017</p>
<p>Issues in relation to poor relationships between primary and secondary care staff impacting on progress to service developments</p> <p>(Primary and</p>	<p>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</p>	<p>The UHBs Eye Care Group is chaired by the Assistant Director Primary Care, Children and Community Services and has representatives from secondary and primary care, local authority, CHC, RNIB.</p>	<p>Assistant Director Primary Care, Children and Community Services</p>	<p>Ongoing</p>

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Secondary Care Relationship)	relationships between primary and secondary care staff to foster joint working initiatives.			
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.	The UHB has a clear policy for the management of wet AMD and some patient with “stable” and “mature” AMD are seen in an optometry led service in a community setting before discharge. This service needs to be expanded to other community settings and adherence to the policy audited.	Lead Clinician for AMD/Assistant Director Primary Care, Children and Community Services	Sept 2017
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.	To meet the requirements of the Ophthalmology Planned Care Board information capture systems have been introduced to ensure the demand and capacity data is available. The introduction of an EPR would augment this.	Directorate Manager Welsh Government	Completed TBC

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<p>Issues in relation to information sharing</p> <p>(Information Management Systems – sharing information)</p>	<p>Improvements must be made on improving the access to/sharing of patient information within health board areas to improve efficiency of services.</p>	<p>This can only be achieved with the introduction of an All Wales EPR system.</p>	<p>Welsh Government/NWIS</p>	<p>TBC</p>
<p>Lack of public awareness in relation to general eye care (Public Awareness)</p>	<p>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.</p> <p>More information needs to be provided on the different services/professionals available to see/treat patients in relation to their eye care conditions.</p>	<p>This is one of the key actions for the Wales Eye Care Steering Group which has representation from WG, PHW and health boards.</p>	<p>Welsh Government (Wales Eye Care Steering Group)</p>	<p>TBC</p>