HIW Ophthalmology Services Thematic Review Report 2015 – 2016 "ABMUHB Eye Care Collaborative Group acknowledges the findings in the HIW report and considers them as pertinent and fair"							
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
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.	• There is considerable progress to be made before informatics support to eye care is fit for role across primary and secondary care • ABMUHB is working with WG Eye Care Steering Board, NWIS and other stakeholders to: -enable current work towards electronic referrals from Primary Care -work to increase IM&T infrastructure in primary and secondary care to develop an e-referral system & electronic patient record (EPR). This will improve clinical	WG target April 2018		Next ECCG meeting May 17	HB ECCG IT subgroup Chair

			information and access to images /examinations results and correspondence-contribute to the refinement of the new Optometry E-referral template -represents at Eye Care Steering Board IT subgroup. • ABMUHB have established a health board IT subgroup to agree strategic objectives and implement plans to deliver services • The Health Board is in the process of rolling out electronic referral grading for all GP referrals				

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2	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. **(Patient Referrals - Referral Process)**	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.	• This information was fed back to primary care practitioners via the cluster group meetings after the CHC review report was shared with the HB's in October 2016 • ABMUHB is mindful of the points in the agreed clinical pathways where information is to be formally provided for patients (including in writing). The default written information is via the RNIB and RCOphth booklets and leaflets, links to corresponding sources of this information via the Internet and a range of in house leaflets.	Nov 17 ECCG		Next ECCG meeting May 17	Optometric Advisor

	Review Findings	Recommendations	Action/Progress	Target Date	Status	Progress Review Date	Lead
3	Quality of referrals being sent to rapid access pathway. **(Patient Referrals - Quality of Referrals**	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. b) Health Boards should consider providing educational events/material to raise awareness among optometrists and other relevant staff of local referral pathways.	• Following the recent appointment of the Optometric advisor, plans are in place to work with AMD and other clinical pathway leads to identify quality issues and develop suitable training and mechanisms to resolve this matter • ABMUHB Consultant Ophthalmologists have presented to Wales Optometry Postgraduate Education Centre (WOPEC) training events to assist with collaborative learning • Clinical pathways and guidance information for AMD, Glaucoma and Unscheduled care are available via GP Resource portal on ABMUHB intranet, to which optometrist should be able to access after being added to NHS network. Work ongoing to upload further pathways to ABMUHB intranet	Complete Complete Complete		Next ECCG meeting May 17	Deputy Service Group and Service Managers and Optometric Advisor

		c) Health Boards should ensure feedback is provided to optometrists when required relating to quality of referrals sent to ensure learning.	• Directorate managers to identify ways to collate 'Return to Referrer' data prior to electronic referring to monitor and audit referrals	Sept 2017			
			• Cataract subgroup has agreed to develop a 'Referral refinement proforma' for cataract referrals. All referrals that do not meet EHEW referral criteria will be returned to referrer indicating incomplete information. Plans to adapt for other clinical pathways following successful implementation	July 2017			
			• Cataract subgroup has agreed to develop an escalation protocol with Optometric advisor on issues relating but not restricted to quality of referrals. Plans to adapt for other clinical pathways if successful	July 2017			
			• Ophthalmology services have started work with Informatics colleagues on	Dependent on WG			

			planning for the introduction of Electronic grading system (WPRS), however, full implementation will be delayed until 'Phase 1' NWIS Optometry E-referral system has been rolled out • Introduction of Electronic referral and electronic grading systems will facilitate the feedback process to Optometrists on issues relating to quality to referrals	Actions As above			
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
4	Lack of feedback provided to optometrists following referral and discharge of patients. **(Patient Referrals -**	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	• ABMUHB clinicians defer to nationally agreed pathways, guidance and processes set out by Ophthalmologist Specialist Advisory Group (OSAG) and WOPEC • Clinical letters & ODTC reviews are already being sent to referring Optometrist after patients' subsequent follow-up HES visits as appropriate, with patient consent; this includes virtual	Complete			Clinical leads

	Communication Following referral) (Discharge patient – Quality of information)	whether a referral to a low vision service has been made. b) Optometrists must use the appropriate referral form and ensure that their name and practice address are clearly legible. 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	clinics. The above has been agreed by OASG in collaboration with representatives from Optometry • Once the EPR (2 way referral system) is established, we envisage that optometrists will be sent orthoptic letters electronically following clinic episodes. At present there is insufficient clerical resource for all orthoptic clinical episodes to be routinely reported in a typed and paper format • ABMUHB to establish protocol between secondary and primary care via Optometric Advisor to address any feedback issues • HIW should note that patients do not always return to the same optometrist who referred them. Continuity of care is an issue and is down to patient choice • ABMUHB Cataract discharge summaries				

		discharged from secondary care.	modified and implemented to provide Optometrists with more information on expected outcomes and co morbidities				
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
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.	• ABMUHB received positive feedback in the CHC report that Patients did feel listened to and felt involved in decisions made around their care by the Secondary Care health professionals and 100% positive feedback that Patients felt their conditions was explained fully and in a way they could understand • However, following CHC report, ABMUHB has reviewed and modified our Patient Information Leaflet on Cataract Surgery to include more information for patients on expected vision improvement, HES complication rates and quality outcome rates	Complete			

			• ABMUHB have ECLOs based at all 3 sites. ECLOs are trained and supported to provide information to eye clinic patients about their eye condition(s) and treatment options. This does not of course include advice. ECLOs have time to make sure patients have understood what they have been told.				
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
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.	• ABMUHB clinicians defer to nationally agreed pathways, guidance and processes • In order to understand and start resolving this particular problem, ABMUHB has undertaken work to quantify our demand and capacity gap. Additional service requirements to fill our activity gaps have been outlined in the Ophthalmology Services Sustainability Plan, currently with ABMUHB Executive team	WG Action Complete and systems in place to facilitate the on-going monitorin		Next ECCG meeting May 17	Cancer and Planned Care Delivery Manager also Chair of ABMUHB Ophthalmic Planned Care Programme Project

		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. 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	• Clinical Prioritisation model has been implemented in the western part of ABMUHB i.e. pathways into Singleton Hospital. • Informatics and Ophthalmology services have worked together to develop a 'Scored Waiting List' to enable the health board to report to WG on variances between medically recommended follow up intervals and actual follow up intervals • Use of P123 clinical prioritisation of patients managed by Singleton should ensure that care is provided to those with the greatest health need first. Patients managed by Princess of Wales Hospital are coded with clinical conditions and managed by specialty lists which are reviewed on a daily/weekly basis to ensure that waiting times are kept to a minimum and cases are seen according to need (e.g urgent glaucoma code)	g of this issue Complete In Place Complete			Group

		any changes to the plan.	• ABMUHB is mindful of current work ongoing by WG Task and Finish Group to recommend to the Cabinet Secretary that the P123 Clinical prioritisation model as the new measure for use in governing access to care in circumstances where there is a need to allocate clinically based prioritisation given relative capacity shortfall • ABMUHB will await national discussion and guidance from Welsh Ophthalmic Planned Care Board (WOPCB)	Awaiting WG Guidence			
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
7	Lack of incident reporting relating to WG patient harm policy. **(Incident**	a) Health Boards must ensure that there are mechanisms in place to review incident reports to identify	• ABMUHB staff defer to nationally agreed policies and procedures • Processes and procedures and electronic mechanisms are in place at operational and corporate levels within ABMUHB to	Nov 17		Next ECCG meeting May 17	Primary Care Manager Clinical Lead and

	reporting)	potential patterns providing early warnings to more serious system failures. 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).	facilitate incident reporting • Primary care are following up their own incident reporting process and procedures				Medical Directors
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
8	Lack of capacity/Fragility of services due to over-reliance on consultants.	a) Health Boards must proactively develop workforce plans which set out to address any shortfalls in the	• Optos Widefield angle camera to enable the efficient and virtual review of diabetic/DMO patients • Ophthalmology Services have submitted Sustainability Plan to address the	Sustainability plans submitted		Next ECCG meeting May 17	Cancer and Planned Care Delivery Manager who is also

	Issues relating to lack of capacity, recruitment and lack of investment in services. **(Treatment - Capacity)**	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. b) Health boards must consider ways to work more closely with colleagues from primary care. For example, providing equipment (and training) to optometry practices	demand/capacity gap to ABMUHB Executive Team for consideration and sign off • These plans include investment in additional non medical practitioners and training in line with the principles of prudent healthcare • Ophthalmology services are in the process of trying to secure additional clean rooms and co located work stations but has experienced challenges in doing this which has delayed progress in this area • When a suitable EPR system is instituted and a new clean room secured and prepared, the entire system will be in a position to move over to consultant supervised as opposed to a consultant and doctor direct care provision model				Chair of ABMUHB Ophthalmic Planned Care Programme Project Group

		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.					
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
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. b) Welsh	• The Chair of the WOPCB is a member of the ABMUHB ECCG in his capacity as glaucoma lead in the Western division, in addition, managerial and orthoptic leads attend both forum. • The ABMUHB ECCG takes note of requests from the WOPCB and will be evidencing its own good practice, as outlined below, in order to share as well as heeding similar information being submitted from other organisations	Nov 17		Next ECCG meeting May 17	Cancer and Planned Care Delivery Manager who is also Chair of ABMUHB Ophthalmic Planned Care

		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.	• Glaucoma pathways across ABMUHB allow referrals to be triaged appropriately. In the POW orthoptists see all new referrals and remove patients who are suitable for non consultant pathways, in NPT and Singleton, new glaucoma referrals are triaged to Nurse-led ODTC clinics in the most part, whilst some (including secondary and tertiary referrals) are directed to the consultant-led subspecialist glaucoma clinic. This latter group includes referrals for suspect angle closure on a basis of 'see, teach and treat' • Non-medical injectors in Swansea now accounting for majority of treatments given, with several more in training • AMD review clinics set up in the community from December 2016				Project Group

	Review Findings	Recommendations	Action/Progress	Target Date	Status	Progress Review Date	Lead
10	Importance of the AMD Coordinator *r*ole. **(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.	• There is a dedicated AMD coordinator in Singleton hospital • ABMUHB is looking to invest in another coordinator to assist in the growing AMD and DMO Services and this forms part of the submitted Ophthalmology Sustainability Plan	Sustainability plan submitted		Next ECCG meeting May 17	Service Managers
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
11	ECLO – lack of utilisation of the role from other staff. **(Service**	Health Boards must ensure that all staff are aware of the availability of the local ECLO service.	• ECLOs provide a service on all 3 HB sites. Full time at Singleton where the wet AMD clinic is situated. All staff are aware of their role	Nov 17		Next ECCG meeting May 17	Service Managers and ECLO Services Manager,

	Support Staff - Eye Care Liaison Officer)	Ensuring patients have access to relevant advice and support.	• From 2017-18 financial year ABMUHB are contributing financially to the ECLO service (20 per cent) with a view to supporting greater integration and coordination of the service across ABMUHB sites. Additionally, recent project work between orthoptics, paediatric ophthalmologist and ECLOs has led to much greater awareness of the service with these specific health professionals, resulting in increased utilisation of the ECLOs				RNIB
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
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	• 2 ECLOs are employed by ABMUHB • Consideration will be given to how to best utilise the post at times of annual leave etc • From 2017-18 financial year ABMHB are contributing financially to the ECLO	Complete			Service Managers and ECLO Service Manager, RNIB

		sufficient for the eye care service.	service (20 per cent) with a view to supporting greater integration and coordination of the service across ABMUHB sites, including mapping ECLO coverage more directly to demand, where required				
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**

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	• ABMUHB has a range of mechanisms by which staff can raise concerns and/or suggestions etc;
			  • Direct discussion with line manager
			  • Local ophthalmology business meeting where all staff participate
			  • Managed unit team brief
			  • Open door policy of senior management
			• The ECLOs have a role in supporting patients to raise concerns and to address these informally where possible; ECLOs also act as an advocate or a source of
				Complete			Service Group and Service Managers

		individuals.	support for patients making a complaint through a more formal route. ABMU has ECLO coverage in the 3 main eye clinics				
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
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.	• ABMUHB are aware of WG action to develop Optometrists role and await guidance and supporting framework	Awaiting WG guidance			Welsh Government

	Review Findings	Recommendations	Action/Progress	Target Date	Status	Progress Review Date	Lead
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 Boards will need to ensure that issues are clarified around Indemnity, resource & finance arrangements, training and communication, for optometrists.	• WG to provide guidance as above • Discharge of selected glaucoma suspects and ocular hypertensive patients is in place • Discharge of low risk patients following routine cataract surgery for follow up by Optometrist in the community in place • Work to improve discharge of patients with AMD not under active treatment is ongoing	Awaiting WG guidance		Next ECCG meeting May 17	Clinical leads

	Review Findings	Recommendations	Action/Progress	Target Date	Status	Progress Review Date	Lead
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 to an accredited optometrist for a low vision assessment.	• ECLOs provide information to almost ALL patients regarding the Low Vision Service. Many of these are signposted to the service and contact details of the patient's local Low Vision practitioner will be provided. In some cases this 'signposting' activity will be extended and a direct referral will be made by the ECLO to the Low Vision Service Wales • Clinical leads to ensure that all clinical staff are aware of WG LVA service and that suitable patients are escalated to this directly or via ECLO • Matter discussed in ABMUHB ECCG. ECCG to ask ECLO Manager to write formal letter to clinicians reminding them of ECLO presence and range of duties and services provided	July 17		Next ECCG meeting May 17	Service Managers and ECLO Service Manager, RNIB

	Review Findings	Recommendations	Action/Progress	Target Date	Status	Progress Review Date	Lead
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.	• ABM ECCG is chaired by a member of the executive team. Director of Therapies and Health Sciences (DOTH) • Invitations are extended to all relevant stakeholders and generally meetings are attended by a representative from all key areas of eye health care • ABM have appointed an Eye care plan support officer to provide administrative and project support to the ECCG, and provide a link between ECCG, strategic sub groups, HB Planned care project group and WG WOPCB • A series of sub groups allows closer links to develop with the relevant stakeholders for specific pathways, increasingly involving Primary Care representatives, including the Primary Care management	Nov 17		Next ECCG meeting May 17	Chair of ECCG

			team and recently appointed Optometric Advisor • Recent primary care management restructure to focus and strengthen Optometry leadership				
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
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	• ABMUHB's appointed Optometric Advisor commenced in post in February 2017 • Optometric advisor attended first Cluster group meeting in February 2017	Complete			

	Review Findings	Recommendations	Action/Progress	Target Date	Status	Progress Review Date	Lead
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.	• The clinical leads and multidisciplinary teams have met and reviewed current guidance with respect to an active discharge policy for patients unlikely to benefit from further intravitreal injections. Criteria have been agreed that map to NICE guidance and national service frameworks. Prospective audit is ongoing and will be reported annually	Complete			AMD clinical lead, and all other pathway clinical leads

	Review Findings	Recommendations	Action/Progress	Target Date	Status	Progress Review Date	Lead
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.	• ABMUHB Informatics department now provides bi-monthly data requirements for Directorate managers to submit to National Planned Care Boards	Complete		Next ECCG meeting May 17	ABMUHB IT subgroup

	Review Findings	Recommendations	Action/Progress	Target Date	Status	Progress Review Date	Lead
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.	• This we envisage should be improved with an 2 way referral system and EPR • Work is underway to provide the Singleton ECLO with access to Myrddin to enhance information sharing between the clinic and the ECLO service. This is already in place for the ECLO covering NPT and Bridgend	Dependant on EPR		Next ECCG meeting May 17	ABMUHB IT subgroup
	Review Findings	**Recommendations**	**Action/Progress**	**Target Date**	**Status**	**Progress Review Date**	**Lead**
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	• Work is ongoing, particularly since the October launch of the ABMU 111 pilot to increase public awareness of eye care conditions and the most appropriate source of help, notably ECEW and LVS. Following the recent completion of the GMS clinical leadership team and	Nov 17		Next ECCG meeting May 17	Primary Care Manager and Optometric Advisor

		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.	appointment of an Optometric Advisor (February) an action plan will be developed with other key members to the Eye Care Collaborative group, communications team and other stakeholders to tackle this problem. • ECLOs routinely provide health promotion messages to ECLO patients. They also set up patient support groups and patient seminars, which are well attended, and which offer healthcare advice to patients, including treatment compliance. At the last patient seminar in Swansea, attended by c.130 patients, eye care messages included health eating				