

Aneurin Bevan University Health Board Directorate of Ophthalmology

Action Plan – Ophthalmology Thematic Review – Final Version 2015/16 – WET AMD

No.	Item	Action	Responsible Person(s)	Timeframe
1	Patient Referrals - Introduction of Electronic Patient Referrals	GP referrals already received electronically	In situ	Complete
		 Optician referrals – paper referrals sent to secondary care where central registration 'convert' to electronic for consultants 		
		 Referral refinement in situ whereby for Wet AMD patients the referral is emailed to central registration 		
		Full implementation of electronic referrals inclusive of Opticians – meeting organised within HB to discuss local implementation in line with National Programme	Assistant General Manager/Value Based Healthcare lead/Assistant Director of Informatics	22.3.17
2	Eye Care Group working with Optometrists to ensure patients are provided with adequate and accessible information (CHC Report)	 ECCG in place represented by clinicians, optometrists, secondary and primary care managers ensuring good practice is adhered to Patient review outcomes shared within ECCG and also directorate 	Clinical Director/Directorate Manager/ECCG	Complete

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3	Quality of Referrals being sent to rapid access	 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	 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	 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	 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	 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	Delayed follow-ups are monitored	Directorate Manager	In situ – weekly

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		 weekly by Scheduled Care Division Follow-up Group in situ chaired by Associate Director of Operations Follow-ups by patient specific condition are reported through the National Planned Care 	Associate Director of Operations Directorate Manager	monitoring Complete In situ – in line with timescales
		Programme Board		for meetings
7	Lack of incident reporting relating to WG patient harm policy	 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 filed of 3 decibels. This issue will be discussed in the next ECCG in March 	ECCG/Clinical Director	Complete March 2017
8	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	 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 	Assistant General Manager/Directorate Manager/Clinical Director	Complete Complete Complete Complete
		 new substantive appointments ABCi simulation model completed which will enable service to 	General Manager/Directorate	Model developed – scenarios to be

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		design and match patient specific condition pathways • Equipment provided to primary care optometrists and referral refinement in place	Manager/ABCi Clinical Director/Directorate Manager	run through model
9	HBs should learn from the experiences following progress made in other areas	 Learning from PCP Board is considered within the HBs sustainability plan 	Clinical Director/Directorate Manager	Ongoing
10.	Importance of the AMD Co-ordinator role	 1.6 WTE in post – therefore cross cover provided 	Directorate Manager	Complete
11	ECLO lack of utilisation of the role of other staff	 Clinicians and nursing staff aware of ECLO sessions and patients regularly pointed towards the service Partially and non-sighted referrals are written for patients as appropriate ECLO liaison staff pick up referrals on a weekly basis and contacts patients 	Clinical Director/Directorate Manager	Complete
12.	ECLOs limited capacity cover	 1 ECLO member of staff available Covers mostly Wed AMD clinics at ODTC and other sites 	Directorate Manager/Clinical Director	Complete
13.	Concerns raised by staff in relation to a lack of processes in place to submit comments, suggestions to HBs management	 HB has a 'Ask the Chief Executive' question carousel where staff can raise any issues or questions Suggestions boxes for both patients and staff within department 	CEO Senior Nurse	Complete
				Complete

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		 Monthly heads of department with multl-disciplinary representation 	Directorate Manager	
14.	More clarity required in evolving role of Optometrists	ECCG to develop further work streams in line with WG guidance	ECCG	In line with timeframes to be determined
15.	Additional use of Optometrists	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	 Clinicians and Health Care Professionals ensure patients are referred to accredited optometrists for low vision assessment if eligible 	ECCG/Clinical Director/Directorate Manager	In place
		Information leaflet given on the participating optometrists	Discussions undertaken at ECG / Heads of Departments/ Directorate	In place
17.	Issues in relation to poor relationships between primary and secondary care staff	 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	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	Consultants follow standard pathway. Review to be undertaken and documentation updated.	Clinical Director	31.3.17 Complete

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		treatment was more than two	Clinical Director/ Consultants/ Directorate Manager	
20.	Inadequate IT systems to capture useful data. Limited awareness of capacity and demand data	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	ABCi/General Manager/Directorate Manager ABCi/Directorate	Complete
		undertaken	Manager/General Manager	March 2017
		limitations in giving accurate	Informatics Team/Value Based Team	TBC – to fit in with national programmes
21	Issues in relation to information sharing	glaucoma and WET AMD	Directorate Manager	Complete
		Er it system in merade ob res	As above	TBC
22	Lack of public awareness in relation to general eye care	next ECCG	ECCG Directorate Manager	March 2017 Complete

No.	Item	Actio	on	Responsible Person(s)	Timeframe
			various eye conditions	Directorate Manager	Complete
		•	Posters in situ in clinic areas		

7.2.17