Healthcare Inspectorate Wales' Thematic Review of Ophthalmology 2015/16.

Lead Officers key – General Manager Service Improvement (GMSI), Service Delivery Manager (SDM), Service Manager (SM), Optometric Adviser (OA), Low Vision Service Manager (LVSM), Senior Nurse Manager (SNM).

	HIW Report finding	HIW Recommendation info	Hywel Dda University Health Board (UHB) position statement - January 2017.	Ophthalmology Directorate - Action plan
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.	UHB representatives including those from the Information Department, Optometric Adviser and Operational Managers will be attending the Welsh Government (WG) workshop on this matter on the 4th January 2017. From the above an agreed way forward will be identified and presented to the Welsh Ophthalmic Planned Care Board (WOPCB) on the 11th January 2017.	UHB representatives have attended WG meeting re electronic referral and wider electronic patient records - e.g. for proper virtual clinic support of non-medical colleagues it is going to be necessary to have a fit for purpose EPR (and this includes instantaneous access to all data in a digital format). We will now work with WOPCB to develop an action plan moving forward in 2017. **Lead Officer(s) – SDM / SM / OA.**
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 -	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 secondary care and ensuring that all patients feel listened to and involved in decisions made around their care.	CHC review presented and noted at UHB Quality Safety & Experience Assurance Committee (QSEAC) on the 13th December 2016. Recommendations from this review are included in the new Integrated UHB Ophthalmology Action Plan for 2017/18. This Action Plan includes specific reference to enhancing patient referral information across all clinical conditions between Primary and Secondary Care.	New Integrated UHB Ophthalmology Action Plan for 2017/18 to be implemented to ensure patients are provided with sufficient information for their care. January 2017 – Operational team will audit all sites and ensure adequate literature is readily available for all patients April 2017 – We will commence collecting patient feedback / surveys on quality of information provided by the service.

	Referral Process)			**Lead Officer(s) – SDM / SNM / SM.**
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. C) Health Boards should ensure feedback is provided to optometrists when required relating to quality of referrals sent to ensure learning.	A) New Optometric Triage service will be in place from January 2017 to ensure patients enter the most appropriate care pathway. B) Building on training events that have taken place during 2016, formal programme to be agreed with the Regional Optometric Committee (ROC) and each of our GP Cluster Groups for 2017/18. C) This feedback will feature as part of the new Optometric Triage Service which will monitor the quality of referrals made including those who do not need to be referred to the Hospital Eye Service (HES).	January 2017 – We have now established a network of partner optometrists to support this initiative. March 2017 – Go Live date March 2017 – We will establish regular feedback and audits to ensure optometry partners are fully involved in departmental planning March 2017 – contact GP cluster groups within Primary Care to ensure feedback and involvement July 2017 – Review of pilot and recommendations for future long-term integration **Lead Officer(s) – GMSI / SDM / OA.**
4	Lack of feedback provided to optometrists following referral and discharge of patients (Patient Referrals – Communication Following	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.	A) This will feature as part of the new electronic patient record system discussions. B) Standardisation of all documentation used	March 2017 – We will establish an optometric advisory group to help develop the EPR implementation plan June 2017 – Audit of quality and value of documentation sharing with optometrists. July 2017 – Action plan developed to act on findings of the above audit.

	referral) (Discharge patient – Quality of information)	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 discharged from secondary care.	by the Optometrist to be taken forward including referral and outcome forms. C) For all discharged Intravitreal patients copies of the discharge letter and the amsler grid are sent to the patients named optometrist. The UHB has also secured the support of Eye Care Liaison Officers in this process.	**Lead Officer(s) – GMSI / SDM / OA.**
5	CHC reports concerns around lack of information provided within secondary care prior to treatment (Patient Referrals – Communication Following referral)	(A) 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.	A) Informed consent information process now agreed across the region following never events reported as Serious Untoward Incidents to Welsh Government.	February 2017 - Consent audit to be conducted Monthly audits will now be conducted to identify any areas or staff which are not complying with agreed consent procedures **Lead Officer(s) – SDM / SM**
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.	A) Whilst waiting for Welsh Government guidance on this matter locally the UHB is dependent on manual systems to collect this data.	February 2017 – We will establish a working group within the department to discuss the concerns raised and develop an action plan to ensure a more robust and effective monitoring process. **Lead Officer(s) – GMSI / SM**

		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 any changes to the plan.	B) The issue of clinical prioritisation is a matter that requires a consistent approach across Wales. Discussions have already begun at WOPCB on taking this matter forward nationally. C) Outcome forms clearly identify the clinical condition and the follow up regime in line with agreed clinical protocols.	
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, in line with the WG policy related to patient harm, that these are reported as Serious Untoward Incidents (SUI's).	A) UHB utilise the Datix reporting system to review incident reports in partnership with the local Assurance Quality Improvement Team. These reports are collated and reported on a monthly basis through the Patient Concerns Department and presented back to the service for consideration and discussion at HES Multi-disciplinary team (MDT) meetings. B) The UHB complies with the WG policy with never events reported as SUI's when these incidents occur.	Monthly MDT meetings will be held with all clinical staff to ensure learning and rapid implementation of actions to prevent further DATIX incidents **Lead Officer(s) – SDM / SM**

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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.	A) UHB workforce plan developed in line with WG guidance to provide a safe and sustainable service. The plan itself promotes an integrated service making effective use of additional non medical staff (Nurse Injector roles), Hospital and Community based Optometrists and Ophthalmic Technicians. There is also reference to improving and extending the clinical environment within both Primary and Secondary Care settings.	January 2017 Strategic action plan to be developed using derived capacity and demand data to develop a sustainable plan moving into 2017/18 financial year **Lead Officer(s) – SDM / SM**
		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.	B) The UHB will during 2017/18 sponsor Optometrists training in Glaucoma, Medical Retinal and Independent Prescribing. Placements within HES will also be provided by the UHB as part of this training in order to foster stronger links with Primary Care. The UHB, as identified in the HIW reports findings, already works closely with Optometrists in the management and assessment of stable patients both in Primary Care and Hospital settings. There are also plans to provide Kowa cameras to Optometrists as part of developing virtual clinics across the region.	February 2017 – We will establish closer working relationships with the Primary Care team to ensure greater cooperation and joint planning. **Lead Officer(s) – GMSI / OA.**

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 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.	A) The UHB engages fully with WOPCB supported by local Planned Care Board meetings established in September 2016. These meetings allow for the sharing of good practice on both a national and local level. B) Further approaches to encourage shared learning would be welcomed by the UHB.	Monthly 2017 – We have now established local planned care boards in Ophthalmology to feed into the WOPCB meetings. We will now be able to respond and action initiatives within a quicker timeframe. **Lead Officer(s) – GMSI / SDM.**
10	Importance of the AMD Coordinator role (Service Support Staff – AMD Coordinators)	(A) 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.	A) Since September 2016 the UHB now has in place three AMD Coordinators (one in each county) to ensure continuity of cover.	Actioned September 2016
11	ECLO – lack of utilisation of the role from other staff	(A) Health Boards must ensure that all staff is aware of the availability of the local ECLO service. Ensuring patients have access to relevant	(A) The UHB will re-launch the current ECLO service provided by the RNIB and Sight Cymru to ensure patients are aware of the advice and support available	March 2017 – We will re-launch of ECLO services across HDUHB **Lead Officer(s) – SDM / SM.**

	(Service Support Staff – Eye Care Liaison Officer)	advice and support.		
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.	The UHB has included additional ECLO support within its Eye Care workforce plan for 2017/18 to ensure sufficient cover is available across the region.	February 2017 – Depending upon availability and allocation of funding we will look at supporting increasing use of ECLO capacity. **Lead Officer(s) – SDM / SM.**
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 UHB as part of an internal review of Ophthalmology has introduced regular MDT meetings at each HES unit from January 2017. This will ensure that there will be opportunities for staff to raise concerns / suggestions about improvements to service provision they may have.	Monthly 2017 – We will hold full team meetings on a monthly basis to ensure that all staff are fully involved in the safe and professional operation of the department. **Lead Officer(s) – SDM / SM.**
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.	The UHB would welcome such clarity on these matters as currently arrangements are underpinned by a formal Service Level Agreement between the UHB and the optometrist. This agreement supports the HES in both Primary and Hospital settings.	To be actioned upon receipt of clearer guidelines. **Lead Officer(s) – GMSI / OA.**

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.	Once WG provide the necessary clarity on Indemnity, resource & finance arrangements, the UHB will further extend the optometrist role to support HES across all appropriate clinical conditions.	To be actioned upon receipt of clearer guidelines **Lead Officer(s) – GMSI / OA.**
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.	Awareness raising of the current low vision service to target both new and existing secondary care staff will take place during January 2017.	March 2017 – Awareness campaign will be lunched across Primary Care and secondary care ophthalmology team to build awareness **Lead Officer(s) – GMSI / LVSM**
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 engages with the local Eye Care Collaborative 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 current UHB Eye Care Group terms of reference are to be reviewed in line with the recommendations made in the HIW report (including CHC and third sector representation) at its next meeting on the 17th February 2017.	February 2017 – New terms of reference to be discussed and agreed during the meeting. **Lead Officer(s) – GMSI.**

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.	The UHB has an optometric adviser in post.	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.	The UHB has identified a cohort of patients, who are suitable for discharge, particularly those not treated for 12 months or longer. For all discharged patients copies of the discharge letter and the amsler grid is sent to the patients named optometrist. The UHB has also secured the support of Eye Care Liaison Officers in this process.	March / April 2017 – We will conduct a review of all patients to ensure a more consistent approach to criteria used by consultants. **Lead Officer(s) – GMSI.**
20	Inadequate IT systems to capture useful date. Limited awareness of capacity and demand data. (Information Management	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.	Improvement in data capture is a priority for the UHB ensuring we provide accurate statistics to both WG and WOPCB. The recording of the clinical condition, formally introduced in October 2016 has already improved the standard of the necessary information available to enable accurate capture of capacity and demand data.	February / March 2017 we will review the nature of data that we are currently using. There are definite areas for improvement which will be discussed with the performance team. **Lead Officer(s) – SDM / SM.**

	Systems - planning)			
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 UHB has a signed agreement to share information across primary and secondary care.	March 2017 further work planned to improve feedback from Secondary Care to Primary Care **Lead Officer(s) – GMSI / OA.**

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.	The UHB would welcome the opportunity of raising awareness of the importance of regular eye checks in collaboration with WG and Public Health Wales. In the meantime local awareness raising initiatives will be undertaken by the UHB as part of its consultation on its new Integrated Ophthalmology Action Plan for 2017/18.	February 2017 – We will develop a communications plan that will use all channels to better inform the public of conditions and services available to them. **Lead Officer(s) – GMSI / SDM.**