HIW Ophthalmology Services Thematic Report

Action plan following recommendations - Betsi Cadwaladr Health Board - 8th February 2017.

Report finding	Recommendation info	BCU action	Responsible	Timescale
Issues relating to patient referral process	All parties (Welsh Government, NWIS, Ophthalmology Planned Care Board and Health Boards) must work together towards introduction of electronic patient record/referral system from optometrists directly to secondary care	Ongoing solution being developed nationally. Primary & secondary care BCU clinical non-clinical staff representing and feeding into national (clinical lead, asst director of primary care)	NWIS	NWIS to confirm
The CHCs National Ophthalmology Review highlighted that some patients felt that they had not been provided with sufficient information regarding the reason for their referral	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	**West** Wet ARMD patient information booklet available in all Optometry practices and reminder to be given to all Optometrists that good practice to issue. **East** Patient information pack is being developed in East which will act as a patient held record for those patients being listed for a procedure. This will provide comprehensive information regarding the patient's condition and what to expect **Central** Wet ARMD patient information booklet	Helen Pickford (Optometrist) Debbie Taylor (Service Improvement) Kevin Smith	31st Jan 2017 31st Mar 2017 28 Feb 2017

		available in all Optometry practices and reminder to be given to all Optometrists that good practice to issue We will monitor the effectiveness of the different information models in each Area and compare with concerns raised to triangulate.	(Optometrist) Eye Care Collaborative group	 Dec 17
Quality of referrals being sent to rapid access pathway	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	Each site has a dedicated fax line for Wet ARMD referrals from primary care. Referrals triaged within 24-48hrs by clinician and diagnostics requested. Depending on result patients signposted to either Wet ARMD clinic or general clinic if Wet ARMD excluded.	Clinical Leads	Complete
	b) Health boards should consider providing educational events/material to raise awareness among optometrists and other relevant staff of local referral pathways	Agreed at Local Pathway group that meeting to be arranged between secondary care consultants and optometrists 3 times per annum. Referral feedback to form agenda item.	Clinical Lead Helen Pickford	31st Mar 2017
	c) Health boards should ensure feedback is provided to optometrists when required relating to quality of referrals sent to ensure learning	Adhoc feedback via Local Pathway group on each site will continue to be provided.	Clinical leads & Optometric leads	Complete

Lack of feedback provided to optometrists following referral and discharge of patients	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	**West** Registration of referral on PIMS needs to include referring optometrist to ensure included in letter following appointment (currently only sent to GP). Patient booking centre to commence to introduce.	DGM	1st Mar 2017
		East Registration of referral on Myrddin to include referring optometrist. Test process to be established during February to send clinic letters/discharge information to optometrists	Site Speciality Manager	31st Mar 2017
		Central WPAS has functionality to record Optometrist and GP detail on registration	DGM	1st Mar 2017
	b) Optometrists must use the appropriate referral form and ensure that their name and practice address are clearly legible	Achieved on all sites	Clinical Leads	Complete
	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	Copy of letter following appointment to be sent to referring optometrist (see above)	Clinical lead Optometry Lead	1st Mar 17
CHC reports concerns around lack of information provided within secondary care prior to treatment	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	Each site has appointed an Eye Care Liaison Officer. Post holder supports medical teams in ensuring patients well informed.	Eye Care Liaison Officer	Ongoing

	GMC guidance on informed consent	Secondary care already build upon the information already provided by optometrists in the formats of information leaflets, cataract treatment video, consent discussion and a copy of the outpatient letter when requested.		
Concerns around there being no set monitoring for follow up patients	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. 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 care. This should be applied consistently according to agreed protocols. The patient should be kept informed of any changes to the plan	Achieved on all sites. Each patient administration system captures target date for patients set by the clinician for follow up. BCU have introduced Clinical prioritisation management of waiting list (involved in the two site pilot). Patients booked according to clinical risk. **West** Outcome forms are populated following each clinic attendance with detail of the review period or treatment/discharge plan as per clinical pathways. Detail of any further required tests and/or appointments are recorded and the information is electronically stored on PIMS. This individual patient plan is discussed as part of the clinic attendance with the patient. **East** The Local Eye Care Group will develop a suite of clinical pathways including follow up regimes, in line with those set out with	Local Pathway group Local Pathway group	Complete Complete Complete Sept 2017

		the National Planned Care Programme **Central** Achieved		Complete
Lack of incident reporting relating WG patient harm policy	a) Health boards must ensure that there are mechanisms in place to review incident reports to identify potential patterns providing early warnings to more 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).	Datix system is used to both report and review incidents on each site. The system provides the mechanism for capturing incidents and establishing/ recording the severity. Incidents are addressed by both clinicians and managers and are escalated for review as per policy and formalised through Quality and Safety structure. Patient harm is an agenda item for monthly eye groups.	DGMs HON	Ongoing
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.	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	Health board commitment given in BCU Operational plan 2017-18 to carrying out a full service review of Ophthalmology. This will include capacity & demand, workforce and estates infrastructure. Development and build of Medical retina suite at Ysbyty Gwynedd to be finished during 17-18. Nurse injectors appointed and will be injecting independently by June 2017. Major redevelopment project of the Wrexham Maelor site has commenced. The development of an ambulatory and diagnostic and treatment centre is a key deliverable of this strategic plan	Secondary care director DGM HON Hospital Director	Mar 18 Sept 17 Jun 17 Mar 18

	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 refinement and/or assessments on stable patients. This needs to be done in a planned and strategic way under control of the health board	WG funded speciality training places for Optometrists (medical retina x 5) commenced during 2016. Clinical placements within secondary care clinics actioned. **West** Management of stable Wet ARMD follow ups commencing in Ysbyty Alltwen in February2017 –nurse led. With virtual review by medical retina consultant. **East** Optometrist development plan to be introduced	DGM HON Local eye group	Feb 17 Sept 17
Health boards should learn from the experiences following progress made in other areas	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	Attendance and engagement at Welsh Ophthalmic Planned care boards by Clinical lead, DGM and site speciality manager. BCU Eye Care collaborative group held 6 times per annum to progress and monitor actions from planned care board. Monthly pathway groups held on each site focusing on Ophthalmology Implementation plan actions. Welsh government response		Ongoing Ongoing Ongoing

	methods to address common themes/issues being experienced across Wales. For example, the introduction non-medical injectors.			
Importance of the AMD coordinator role	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	AMD coordinator role well established on each of the 3 sites. Supporting structure in place to ensure continuity of service		Complete
ECLO – lack of utilisation of the role from other staff	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.	ECLO is based in each of the Ophthalmology departments therefore all staff fully aware and engaged.		Complete
ECLO – limited capacity/cover	Health boards should ensure that there is ECLO for their eye clinics at all times and consideration should be given as to whether on ECLO is sufficient for the eye care service.	To be considered as part of service review (workforce plan)	Secondary care director	Apr 17
Concerns raised by staff in relation to a lack of processes in place to submit comments/suggestions to health board management	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	Opthalmology Clinical Governance and local eyecare meetings provide opportunity for open forum discussion between multi-disciplinary clinical teams and the management team- this enables and encourages any questions, suggestions or concerns to be raised. BCUHB provide a service to report or communicate with the Chief Executive through an online mailing system through the intranet.		Ongoing Ongoing
Lack of progress on WG funded pilots	Health boards should provide updates on the current progress of their WG funded pilots	Virtual Wet ARMD pilot in West commencing Feb 2017.	DGM (West)	Feb 2017

More clarity required in relation to evolving 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	Welsh government response		
Additional utilisation of optometrists is required to increase capacity (HDHB)example) and reduce the burden on secondary care	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.	Local pathway groups working with Optometrist representative as vacancies arise within Ophthalmology. & will be part of workforce strategy for Ophthalmology service review.	Clinical leads DGMs Secondary care director	Immediate Mar 18
Issues in relation to poor relationships between primary and secondary care staff impacting on progress to service developments	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.	BCU Eyecare collaborative group meet 6 times per annum and well represented by primary and secondary care. Local pathway groups meet every 4-6 weeks with representation from multi-disciplinary teams which includes medical, nursing, optometry, and orthoptic staff and includes service and senior managers, booking and health records. Consideration to be given to the wider communication to the team both within primary and secondary care. A regular Optometry liaison group is in place and excellent input from optometrists to local and strategic eye groups.	Barry Williams, DGM	Ongoing

Betsi Cadwaladr UHB did not have optometric advisor in post at time of our review.	Betsi Cadwaladr UHB must ensure that a permanent optometric advisor is recruited into post in line with the WG requirement.	Interview held and appointment. Commencing in post Feb 17.	Barry Williams, DGM	Complete
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	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.	To Medical retina consultant and nursing leads to audit pathways to assure pathway adherence	Clinical and nursing leads	Sept 17
Inadequate IT systems to capture useful data. Limited awareness of capacity and demand data.	Improvements must be made to information managements systems within health boards to enable accurate capturing of capacity and demand (performance) data to allow	BCU Information team working with clinical and operational teams to ensure improved capacity and demand information on a monthly basis. A monthly group has been established to quality assure data.	Director of performance	Immediate
Issues in relation to information sharing	Improvements must be made on improving access to/sharing of patient information within health board areas to improve efficiency of services.	Information sharing between community Ophthalmology Diagnostic and treatment centres and secondary consultants already in place and any issues monitored through local pathway groups	Local Pathway groups	Complete
Patients not always 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	Multi-disciplinary team reminded of importance at following forums: BCU eye care collaborative group Local Pathway groups Optometrist liaison group	Clinical leads	Complete
Lack of public awareness in relation to general eye care	Welsh Government, Public Health Wales and Health Boards need to consider how the general public can be made aware the importance of regular eye checks, general	Prudent healthcare encouraged within secondary care – patients advised to stop smoking ect. But need to provide evidence of every contact counts and start	Local Pathway groups	Mar 18

	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.	recording. Work to be taken forward as one of the Ophthalmology Implementation plan actions Engagement with Healthcare initiatives such as 'Glaucoma week' and other sub-speciality eye conditions.		