

## SBUHB Eye Care Delivery Plan 2019/20

Overview	
Needs Assessment	<p>The purpose of the Eye Health Care Plan is to ensure delivery of high quality services, care and support for people across Wales. This is to be achieved by developing new ways working and greater collaboration both within the health sector, between primary and secondary care and with local government and the third sector. Poor eye health is a common and growing issue. Currently nearly 100,000 people in Wales are living with Sight loss. By 2020, this is predicted to increase by 22 percent and double by 2050. This significant increase in people with eye health problems is related to the ageing population, as around 75 per cent of sight loss occurs in people aged 65 or over. As the population ages, the incidence and prevalence in key underlying causes of sight loss increases, so eye health problems and sight loss will become much more prevalent in the future.</p> <p>Over 50% of sight loss can be prevented through early identification and intervention. Early identification is also essential because sight loss has such a dramatic impact on wellbeing. The risk of depression and falls is over 2 times greater amongst elderly people with low vision, when compared to those with normal sight. Sight loss is also a risk factor in loneliness and isolation.</p> <p>More than 10% of all hospital outpatient visits in Wales are related to eye care.</p> <p>For some sight threatening eye conditions, it is essential that treatment is initiated within a few weeks and many patients will require ongoing management and treatment. A review of targets to incorporate measures for all patients (new and follow-up), that are based on clinical need and risk of irreversible sight loss, will be important in the maintenance of high quality ophthalmology services with sufficient capacity to meet the population's needs.</p> <p>This is generic info taken from WG documents rather than ABM specific needs data</p>
<p>Top 5 Priorities for 2019/20</p> <p>The HB priorities are marked with *</p>	<p><b>Welsh Government have set the following 10 priorities for 2019/20:</b></p> <p><b>*Action 1)</b> <i>Work with Public Health Wales and other partners, including third sector, to develop a plan to raise awareness of eye health and the need for regular sight tests to detect and prevent sight loss especially to groups of people who have a high risk of eye disease.</i></p> <p>Whilst national guidance is awaited the HB is pursuing this objective through the following means:</p> <ul style="list-style-type: none"> <li>- Ongoing cycle of communication through cluster leads and support managers</li> <li>- Regular update of 111's Directory of [health and social care] Services - accessible for public and professionals via telephone and internet</li> <li>- Working with Optometry Wales to map and publicise local available services through above means, SBUHB internet site and WG-funded publicity campaign re non-GMS primary care services</li> </ul>

- Distribution of Low Vision Service leaflets across SBU area, eg to all GPs, pharmacists, district nurses schools,
- Contact with PHW Optometric Advisors to discuss development of a plan to raise awareness of eye health and the public to access optometric practices for routine and urgent eye care
- Awareness-raising sessions with target groups, eg CHC

**Action 2) *Deliver quality assured vision screening service to children in mainstream schools on school entry and a service that provides an annual sight test to children with special educational needs in schools***

SBU delivers mainstream school screening according to national pathway and annually reports progress against a set of performance indicators to Welsh Governments Children's Vision Advisory Board. Information on the outcomes of the screening failures was reported in <40% of cases. There are no plans in place to alter feedback until further WG guidance.

Services to children with special educational needs not in mainstream education are not provided and WG guidance is awaited on this issue.

A pilot study in special education schools is planned funded by WG for the next 12/12. Partnership between WG CU and HDHB. This will inform future service provision for SBUHB

**Action 3) *Work with key stakeholders and clusters to ensure good quality eye care is provided to frail older people, those with dementia and to people in care homes and residential care***

*The optometric advisor is working with primary care providers to ensure services are available to this cohort*

Primary care are service mapping to identify current service provided and who provides it.

Work to identify the demand for the service and ease of access into it will follow as an integral part of the work to improve health care in care homes, commencing with the GP enhanced service.

**Action 4) *Ensure all optometrists practising in Wales are providing the enhanced Eye Health Examination Wales service to enable more people to be managed closer to home.***

EHEW Services 2017/19 annual report confirmed there 88.7% (47) of optometry practices in SBU are EHEW accredited practices within SBU. The 6 exceptions are known to be in one of two categories: linked with a UK+ supermarket chain that does not currently participate in the EHEW scheme or comprising small (in effect branch) practices. Maximum participation requires national as well as local lobbying of the supermarket chain concerned.

Optometric Advisor has been in direct contact with SBU practices that are not EHEW accredited to identify and address any issues preventing registration that are resolvable locally.

SBU is engaging with EHEW & LVSU clinical leads via eye care collaborative group meetings & the eye care subspecialty working group meetings to monitor uptake and provision of services.

SBU is engaging with local optometrists representatives to identify ways to increase number of patients with low risk ocular hypertension, low risk 'glaucoma suspect' status and routine post op cataracts discharged to Eye Health Examination Wales (EHEW) primary care with a view to reducing follow-up numbers. Discussions have so far identified technical constraints, which prevent discharge. Technical equipment is required to print images & fields. Resolution of this issue awaits National EPR. This is scheduled in

the forthcoming months with Glaucoma being the first specialty launching the new system

**\* Action 5)** *Work with Medical Directors and patients to revise targets for hospital ophthalmology services to incorporate measures for all patients (new and follow-up) based on clinical need and risk of irreversible sight loss.*

SBU 's Swansea-based service is applying a patient outcome focussed measure approach to its new & follow up waiting lists. The P123 Clinical Prioritisation Model categorises patients according to clinical priority in order to see patients with greatest clinical need first. From September, the SBU services have also been reviewing and categorising (P1,2 or 3) the likely risks of harm to all patients waiting longer than is clinically appropriate. An Executive-led multi-disciplinary task and finish group has been established (November) to identify and tackle the implications of these risks and ensure the development and implementation of an action plan to tackle the issues identified.

SBU Ophthalmology Gold Command Task & Finish group now meets monthly. The sub specialty plans are reviewed and are on track to achieve a zero backlog of patients waiting over target for Paediatric, Glaucoma and Diabetic Retinopathy by April 2020

**\*Action 6)** *Support integrated, efficient working and improve the safe communication of information by rolling out electronic optometry referrals and their prioritisation in hospitals across Wales, starting from January 2017. Alongside this, we will appraise the options for an Electronic Patient Record to roll out across Wales.*

100% of Optometry Practices within SBU in 2017 were issued NHS Wales email accounts and 'connected' to NHS Wales's network via a citrix platform but this work has not been refreshed to include new/changing practices and the addresses are not, in any event, generally used by optometry practices (who have no contractual commitment to do so).

SBU is aware of the issues that are currently preventing the roll out of an All Wales Electronic Optometry referral solution. SBUHB is regularly engaging with the project leads in NWIS Primary Care Service Team and the Health Boards Optometry pilot sites to keep informed of developments.

WPRS (Welsh Patient Referral System) electronic grading module is in place for GP referrals. This is of limited value to the ophthalmology services as it accounts for <10% all HES Ophthalmic referrals.

The All Wales Eye Care Steering Group requests all HB IMTPs strongly reflected the understanding that new all-Wales hardware and software systems are needed to allow the development of EPR and other digital innovations.

**\*Action 7)** *Implement the priority actions of the Wales Ophthalmic Planned Care Plan including that National Cataract Audit*

SBU is reporting against the 12 actions of the National Ophthalmic Implementation Plan (NOIP) in WOPCB reporting framework and submitted via WG secure file sharing workspace Objective Connect. Sustainability Plans have been submitted to address demand and capacity gaps. SBUHB Ophthalmology Planned Care Project Group

has been established to agree action plan to achieve the Sustainable plans.  
The Open Eyes cataract audit tool solution is proving difficult to implement because of integration with WPAS. Work is ongoing with NWIS to resolve this

Cataract Audits for SBUHB are produced in house on a yearly basis

**\*Action 8)** *Develop workforce plans and identify training needs to support good standards of care and ensure education and training is available to support developments in eye care nationally across Wales; develop multi-disciplinary teams and care closer to people's homes.*

There has been significant progress in the development of the non-medical professional workforce within secondary care, eg:

- Non-medical professionals carry out the majority of Intravitreal treatments.
- Orthoptists now administer Botox injections for blepharospasm and hemifacial spasm
- Agored HCSW training packages, which were developed in SBUHB, are being progressed.
- SBUHB have increased the number of Glaucoma Practitioners in the team and now employ a multi-disciplinary team consisting of Consultants, Doctors, Nurses and Community Optometrists
- The new role of the Clinical Ophthalmology Outpatient Manager has started in January 2020 as a permanent post within the service. This post will working with teams focusing on the required future multidisciplinary workforce required in Ophthalmology







However, clinical leads are working to identify and address nurse/optometry skills gaps, particularly to inform the work discussed at Action 5 above. Training needs have been identified within Orthoptic workforce and 2 members of staff have obtained sponsored funding for postgraduate training at WOPEC.

Standards for non-medical professionals training awaits WG sign off.

Clinical capacity within primary care has been charted by the Primary Care Team to inform potential planned changes in eye care pathways that could shift responsibilities for care from hospital services (see Actions 3-5 above) and ensure WG monies to fund development of enhanced optometry skills are appropriately targeted.

In the interim it is hoped - business case outcomes pending - to utilise primary care facilities to host an 'outreached' glaucoma service and others to free up secondary care space and provide services closer to patients' homes. If this pilot is successful, it will provide the basis for discussions around the future model of service for the wider SBU population.

	<p>Update - The above business case was approved and the outreach clinic has been running successfully at Strawberry Place surgery for several months. This along with the engagement of Community Optometrists into the workforce has ensured the HB will not have any patient with Glaucoma waiting over their FU target by April 2020</p> <p>The outcome of Optometry Wales' analysis of the eye care workforce across Wales is also awaited with interest. Orthoptists are developing a HB wide stroke pathway in conjunction with primary care colleagues to transfer responsibility</p> <p><b>Action 9)</b> <i>Work to ensure that everyone entitled is offered certification as sight impaired</i> Clinical leads are working to reinforce this message to colleagues. Within secondary care patients identified as entitled to registration are offered access to ECLO. Referral pathways to the ECLO are in place across the HB for all patients identified as eligible for CVI.</p> <p><b>Action 10)</b> <i>Work with local authorities and Regional Partnership Boards to support the implementation of the Social Services and Well-being (Wales) Act</i> Primary and Community services delivery unit will develop a plan to scope potential actions that would support the requirements of the act most effectively, testing two aspects of eye care support within 2019/20 linked with the Cwmtawe cluster whole system approach programme.</p>
Outcomes	<ul style="list-style-type: none"> <li>• Delivery of a prudent sustainable service with demand, capacity, activity in balance</li> <li>• 95% of P1 category patients will be seen by their target date or within 25% in excess of their target date for care/treatment</li> <li>• To achieve RTT targets within new measures priority booking</li> <li>• Multi-disciplinary workforce plans to deliver new prudent ways of working, releasing medical staff for clinical commitments that only they can fulfil.</li> <li>• Improved Cataract theatre throughput (e.g. Royal College recommendation of one routine case per half hour) via provision of requisite support staff within a streamlined clinical pathway and the necessary number of theatre sessions per year to remove the need for outsourcing.</li> <li>• More patients to be seen within the primary and community setting, where it is clinically appropriate and cost effective to do so.</li> <li>• Improve patient experience by minimising waits, optimising outcomes, improving communication and confirming the above by capturing of relevant data, including patient reported measures and including participation in various national datasets and audits.</li> <li>• 75% of patients will be seen within ODTG setting.</li> </ul>
Progress	Please see below all plans which demonstrate progress to date :

	 Eye Care Outcome Measures January 202  Ophthalmology Gold Command QSC Paper  3.1 SBUHB Ophthalmology - follow  3.1 SBUHB Ophthalmology - follow  3.1 SBUHB  8.a) Ophthalmology, Service update, February
Performance and Audits	<ul style="list-style-type: none"> <li>• NOD Cataract audit to commence</li> <li>• WOPCB Audits</li> <li>• Internal Clinical Audits</li> <li>• WOPCB data / performance submissions</li> <li>• WAG RTT Performance</li> <li>• Internal Board papers</li> <li>• Details of plans to address identified performance issues for this condition within the health board.</li> <li>• Confirmation of commitment to contribute to the National Clinical Audit Programme and responding to the results.</li> </ul>
Workforce/Financial	<ul style="list-style-type: none"> <li>• Ensure robust job succession planning of clinical teams</li> <li>• Develop workforce plans and identify training needs to deliver ophthalmology led multi-disciplinary teams and care closer to people's homes in primary care, where it is safe, clinically appropriate and cost-effective to do so</li> <li>• Work with Eye Care Collaborative Group to ensure services are planned, monitored and reviewed with clinicians from primary and secondary care</li> </ul>
Condition Specific Cross Cutting/Collaboration	<ul style="list-style-type: none"> <li>• We need strong clinical engagement, with health care professionals taking the lead in improving the quality of services and treatment they provide. The public also has a key role to play in driving up the quality of services provided. In order to embed quality in all services, a national approach to Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) is being led by WOPCB</li> <li>• The SBUHB Eye Care Collaborative group meets bi-monthly and includes representation from Primary Care, Secondary care, Third sector, community and RNIB. The group is chaired by a member of the Executive Board, currently the Deputy Director of Therapies &amp; Health Sciences</li> <li>• ARCH regional collaboration between SBUHB WEST and Hywel Dda looking on Glaucoma, Paediatrics, Emergency Eye Care. services with scheduled workshops being planned for March / April 2020</li> </ul>
Condition Specific System Shift	<p>As well as the core aim to maximise the amount post cataract follow up with optometrists, specific plans are being developed to change the location and, ultimately, model of specific eye care services. These include some aspects of the glaucoma pathway [ODTC clinic] and post-stroke eye care pathway, the latter two specifically as part</p>

	of the planned pilot of the Cwmtawe cluster whole system primary care model.
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