AGENDA ITEM
(5.3)

PLANNING, PERFORMANCE & FINANCE COMMITTEE

OPHTHALMOLOGY UPDATE

Date of meeting	18/10/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Chris Coslett, Ophthalmology Quality and Improvement Manager
Presented by	Gareth Robinson, Chief Operating Officer
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

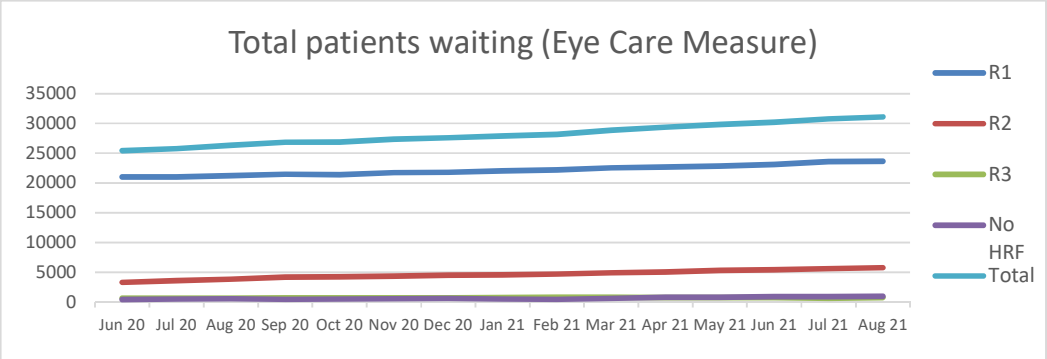
ACRONYMS	
ILG	Integrated Locality Group
CSG	Clinical Service Group
RTT	Referral to Treatment
FUNB	Follow up not booked
HEIW	Health Education and Improvement Wales
SLA	Service level agreement

1. SITUATION/BACKGROUND

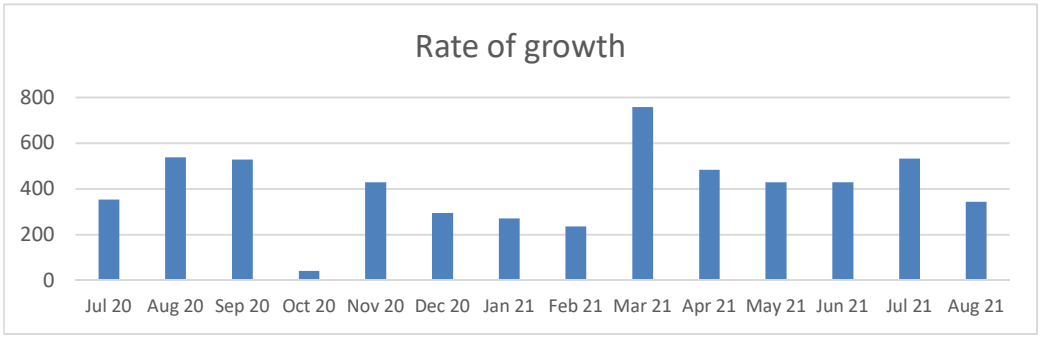
1.1 A paper was presented to the PPF Committee in August 2021 setting out the waiting list position in Ophthalmology services across Cwm Taf Morgannwg (CTM) and the actions that are being progressed to address this. This paper provides an update in relation to the current position, the progress that has been made and the key areas of focus going forward.

Current waiting list position-

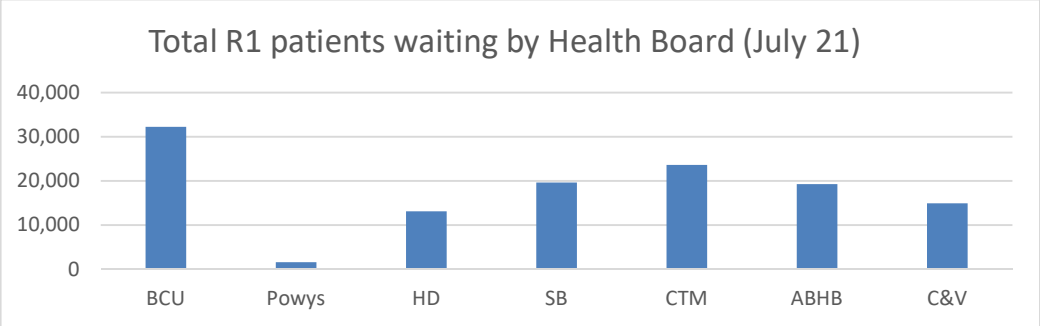
1.2 The Health Board reports to Welsh Government each month against the 'Eye Care Measures', with patient numbers reported against R1 (risk of irreversible harm or significant patient adverse outcome if target date is missed), R2 (risk of reversible harm or adverse outcome if target date is missed) and R3 (no risk of significant harm or adverse outcome). The position reported up to August 2021 is as follows-



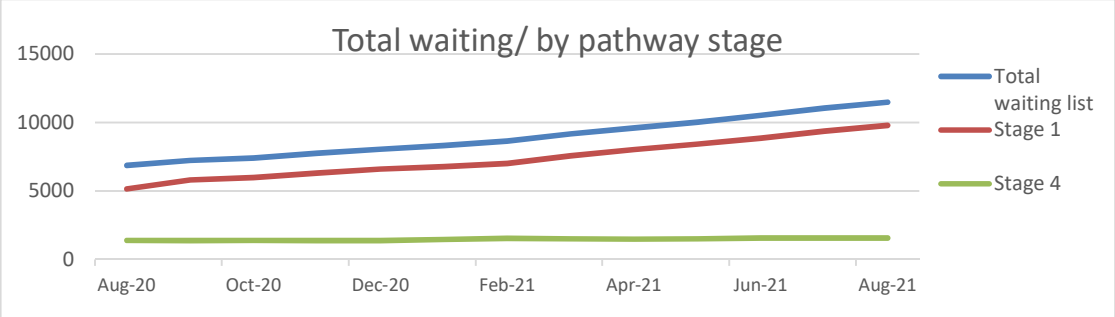
1.3 This shows that the total patients on Ophthalmology waiting lists has continued to grow, with the majority of patients in the R1 category. As the following demonstrates, however, the rate of growth is decreasing, having peaked in March 2021-



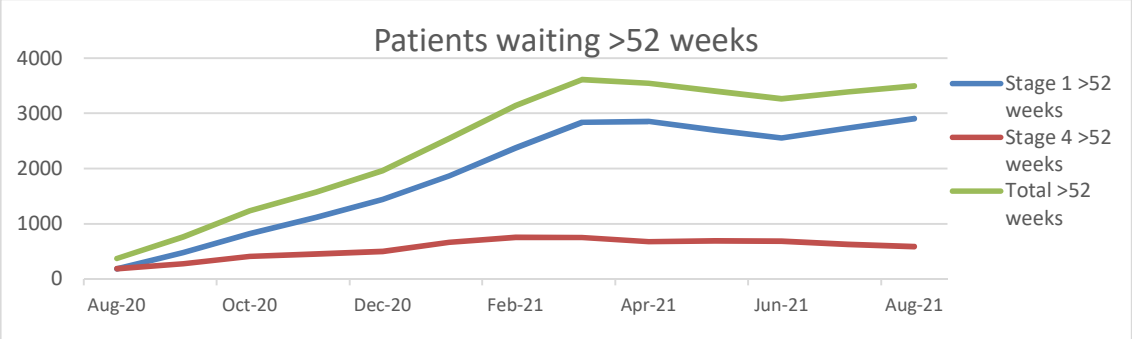
1.4 On an all Wales basis, as the chart below shows, CTM continues to have the largest number of R1 patients waiting in South Wales, with only Betsi Cadwaladr UHB having a larger number of R1 patients waiting (source: Statswales)-



1.5 In terms of RTT, as at 28.09.21 there are 11,963 patients on an open pathway. The following chart shows how the total RTT position has changed over the last 12 months, demonstrating consistent growth, predominantly at stage 1 of the pathway (new outpatients)-



1.6 The following chart demonstrates the change in position in relation to patients waiting >52 weeks, with consistent growth initially but levelling off since March 2021, although noting growth in the last 2 months. This altered trajectory compared to pre-February reflects increased activity for long waiting patients, including the Planned Care Recovery Programme which is described further below-



1.7 To provide a greater level of insight into the waiting lists across Ophthalmology, a detailed review of the new, inpatient and follow up waiting lists has been undertaken (see appendix 1 and summarised in the tables below).

Validation is underway to ensure that the longest waits are accurate, however this does indicate the significant period that patients are currently waiting at all stages.

New outpatient waiting list (as at 13.09.21)-

Area	Years waited				
	0-1	1-2	2-3	3-4	Total
South	2,439	99	82	15	**2,635**
North	4,883	2,949	531	2	**8,365**
Total	**7,322**	**3,048**	**613**	**17**	**11,000**

Treatment waiting list (as at 13.09.21)-

Area	Years waited			
	0-1	1-2	2-3	Total
North	424	347	63	**834**
South	589	181	24	**794**
Total	**1,013**	**528**	**87**	**1,628**

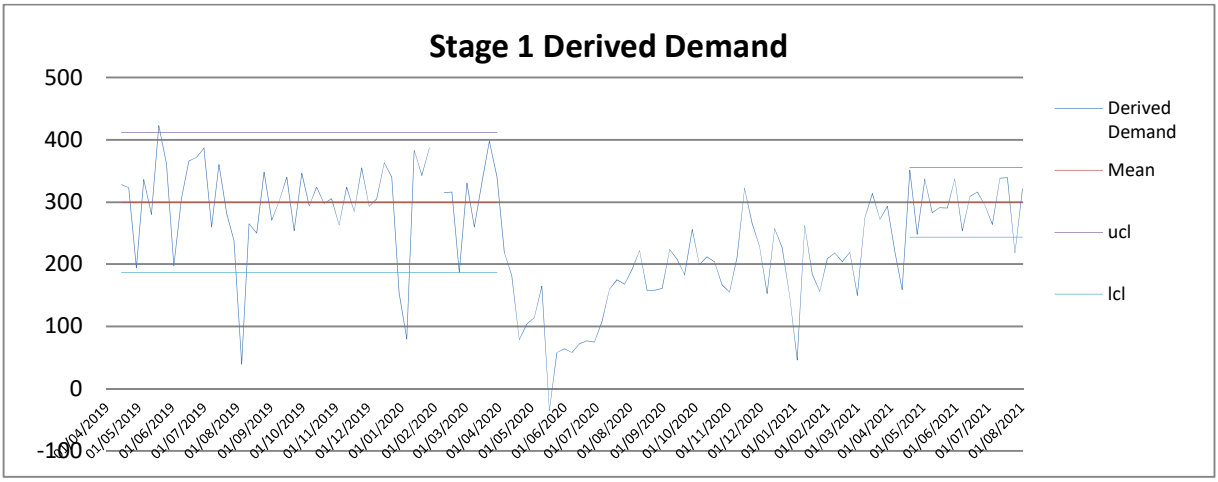
Follow up waiting list (as at 13.09.21)-

	Years overdue for follow up										Summary	
Area	Not	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	Total overdue	Total on FUWL
North	3,528	2,118	5,024	1,660	499	376	392	95	10	1	10,175	13,703
South	2,264	2,507	1,483	167	1						4,158	6,422
Total	**5,792**	**4,625**	**6,507**	**1,827**	**500**	**376**	**392**	**95**	**10**	**1**	**14,333**	**20,125**

1.8 As stated, validation of the longest waiters is a key area of focus and this detailed information will also help to identify those areas where urgent targeted action is required.

Demand and capacity-

1.9 As the following chart shows, new referrals for Ophthalmology have returned to pre-COVID-19 levels, although presently there is less variation each month, which will support service planning if this is maintained-



1.10 As the following chart shows, new outpatient activity was relatively consistent prior to an initial reduction due to COVID-19, but since has returned to close to pre-pandemic levels. Follow up activity remains relatively low, however, and this is particularly impacted by the ongoing restrictions to clinic numbers e.g. social distancing requirements in clinics due to the high patient volumes and limited waiting room space.

1.11 The charts above demonstrate that new demand has consistently exceeded activity, leading to increasing waiting lists. As described in the previous paper, demand and capacity analysis is important in order to have a more complete understanding of the underlying position and this has been urgently progressed. As set out below, a detailed review of the current clinic templates within all elements of the service have been undertaken and compared to the pre-COVID-19 position. This is summarised below-

Capacity per week (current templates)-

Area	Service	New	Follow up	Total
South	Consultant	46.5	130.5	177
	Orthoptist (glaucoma)	22	108	*130*
	Orthoptist (other)		56	56
	Nurse Practitioner		49	49
	Total South	**68.2**	**343.8**	**412.0**
North	Consultant	62	231	293
	Orthoptist	44	134	179
	Ophthalmic Diagnostic Treatment Centre (ODTC)		30	30
	Macular	12	141	153
	Total North	**118.4**	**536.1**	**654.5**
Total capacity per week		**186.5**	**880.0**	**1066.5**
Adjusted for 42 weeks/ year		**150.7**	**710.7**	**861.4**
Expected activity/ month		**652.9**	**3079.9**	**3732.8**

1.12 When comparing this to the activity reported each month, it is observed that reported new activity is higher than the projected capacity. The next stage of this work is therefore to review all of the clinic codes that are feeding in to the reported activity, to ensure that this aligns with the clinic codes that have been used to inform the capacity. It is interesting to note that the follow up capacity does appear to correlate more closely with the reported activity.

1.13 A comparison of current clinic templates compared to pre-COVID-19 demonstrates the ongoing impact, predominantly due to reduced space for patients to wait (particularly due to the need for patients to move between clinic rooms and to wait for eye drops to take effect). There is also an impact from the cleaning time for equipment that is required between patients.

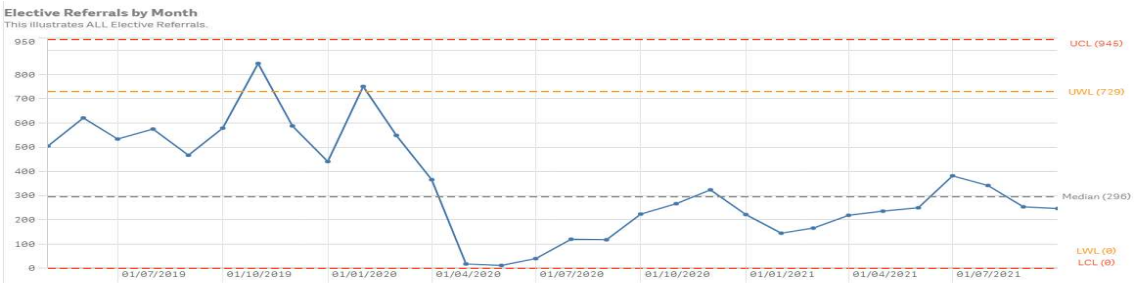
Percentage current capacity compared to pre-COVID-

Area	Service	New	Follow up	Total
South	Consultant	132.9%	64.3%	74.4%
	Orthoptist (glaucoma)	83.3%	83.3%	83.3%
	Orthoptist (other)		86.2%	86.2%
	Nurse Practitioner		100.0%	100.0%
	Total South	**111.7%**	**76.9%**	**81.1%**
North	Consultant	86.1%	68.6%	71.7%
	Orthoptist	70.1%	70.5%	70.4%
	ODTC		32.6%	32.6%
	Macular	100.0%	100.0%	100.0%
	Total North	**80.3%**	**70.6%**	**72.2%**

Total	**89.5%**	**72.9%**	**75.4%**

1.14 To ensure that templates and clinic capacity are being maximised in light of the ongoing constraints, the Service Manager will meet with the outpatient department leads on each site to review the maximum that can be accommodated and adjust where possible to achieve the highest throughput possible. Of note, updated guidance from Public Health Wales has recently been received, however this requires local interpretation and a request has therefore been made for a Health Board view on this so that any changes can be applied consistently across sites.

1.15 Elective demand has also reduced during COVID-19, but is now increasing, although remaining below pre-pandemic levels-



Elective activity has also reduced but is also increasing again-

1.16 The operating lists are running to the same templates in Royal Glamorgan Hospital (RGH) as pre-COVID-19 and 90% in Princess of Wales (POW). The main impact, therefore, on elective capacity is the loss of 3.25 lists per week at Prince Charles Hospital (PCH), where there continues to be no access to theatres for Ophthalmology. In POW there are four fewer lists per week running due to the ongoing theatre staffing constraints to open a second theatre. This represents a total of 7.25 lists per week, which is 30% of total capacity (based on 17 lists currently running and 7.25 lists currently lost). As described in section 2.4 below, there is a plan to re-open the second eye theatre at POW and to expand beyond the previous sessions

delivered, however this would be impacted if a decision is taken to move operating to POW from RGH.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 As the figures above demonstrate, Ophthalmology services continue to be under very significant pressure, leading to very long waiting times. As set out in the previous paper there is a programme of work that is being progressed aimed at managing demand, improving efficiency and increasing capacity, ultimately aiming to deliver a balanced service. An update against each scheme is provided below as well as further information in relation to new schemes that are being developed.

Planned care recovery programme-

2.2 Through the Planned Care Recovery Programme, funding was approved for the following schemes, equating to the following additional activity projected for 2021/22-

- 738 Stage 1 (outpatient)
- 348 Stage 4 (treatment)
- 798 Follow ups

Title	Scheme	Impact 2021/22	Activity to date
Focused Transformation Management to Deliver UHB Wide Recovery Programme	Activity - reduction in stage 1	354	New Quality and Performance Improvement Manager started in August 2021, to progress work streams against these targets
	Activity - reduction in FUNB overdue	126	
	Activity - Stage 4 Waiting List	108	
North and South specific schemes	Additional outpatient clinics	96	208 new patients seen (128 South, 80 North)
	Activity - reduction in stage 1	288	
	Activity - reduction in FUNB overdue	672	14 FUNB seen in the South (0 in the North)
Cataracts outsourcing	Contracts in place, allocated 20 cases per month with scope to increase if additional funding/capacity available.	220	224 sent, 59 procedures done, 19 procedures booked, 9 had OPD await outcome 54 outpatient booked 51 await outpatient, 28 returned, 4 delayed (COVID)

2.3 As the table above shows, the outpatient focussed schemes were ahead of trajectory for new patients but behind trajectory for follow ups. Clinician availability was a constraint to delivering the full projected activity and this has since been further impacted by the all-Wales guidance regarding payments for additional sessions worked by Consultants and SAS doctors for planned care recovery, setting a rate that is not attractive.

There are now no additional Consultant clinics running meaning that the significant majority of this activity has stopped. An Orthoptic clinic for follow up patients in the South has been started and there is now, therefore, a small amount of follow up activity being delivered.

2.4 Outsourcing of Cataracts is progressing and the service is linked in to the performance meetings with Nuffield to seek assurance regarding future capacity.

2.5 As noted, the Quality and Performance Improvement Manager is now in post to support delivery against the 'Focused Transformation Management to Deliver UHB Wide Recovery Programme'.

Other service developments being overseen through Planned Care Recovery-

2.6 In addition to the above, there are a number of service developments that are being progressed. These are not funded as part of Planned Care Recovery however are being overseen through that mechanism given the links to improving the planned care position-

Scheme summary	Expected impact	Current position
Glaucoma ODTC development in Maesteg Hospital: Innovative facility using Health Care Support Worker (HCSW) staff to collect face to face data that will be examined virtually by non-medical Orthoptic staff at POW	200 follow up appointments per months once fully operational	Works close to completion however, water test failures may require remedial works on pipes. Delays in Occupational Health clearance have impacted on start dates for new staff which will limit capacity initially, however they have now been cleared. Start date is dependent on water testing, aim to open during October 2021.
Shared care Glaucoma pathway: A pathway has been developed in collaboration with Primary Care for low risk patients to have their assessment in primary care, with images shared with secondary care clinician for remote review.	400 follow up appointments/ month (once 4 community operational) – currently being revisited with each to confirm	There is one site now fully operational, a second site fully networked and training planned, with a view to starting during October. A meeting is planned regarding the final two sites with the Health Board's IT team and Zeiss, to agree an action plan to resolve their ongoing networking challenges in order to facilitate implementation.
Shared care Diabetic Retinopathy: In line with the	200 appointments	A Standard Operating Procedure has been developed and Q&A

above, a shared care pathway has also been developed for Primary Care Optometrists to assess appropriate Diabetic Retinopathy patients, in line with a Standard Operating Procedure that has been written and approved.	per month (based on 4 practices x 2 sessions per week x 6 patients per session)	session held with lead Consultant and interested Community Optometrists. Expressions of interest were planned for end September 2021 however a late challenge regarding remuneration has delayed this. Guidance has been requested from Welsh Government and is expected during w/c 4 October 2021. EOI is now therefore expected to be completed by end October, following which practices can be approved and training can commence. The plan is to train 2 x optometrists at a time, attending Consultant clinics for 6 weeks, therefore staggered implementation.
2nd Eye Theatre POW: Operating capacity has been constrained as a result of the 2nd eye theatre being closed due to theatre staffing. It is planned to re-open this with additional staff and maximise activity by focussing on increasing sessions and throughput through this theatre. Aim to deliver 4 operating days per week (8 lists), to be prioritised for Cataracts and aim to introduce a high volume/ low risk list each week to increase throughput	1,932 additional procedures per year (adjusted to 1,560 if backfill is not possible).	The current constraint has been delays for new recruits to have Occupational Health clearance to start and one new recruit has withdrawn as a result of the delay, however others are now cleared. Once in post, 1 month supernumerary will be required, therefore earliest start date for the additional lists would be November 2021. This opportunity will be impacted if the ophthalmology operating from RGH moves to POW in order to release capacity to support cancer operating from PCH.
Preserflo Microshunt: A bid to Welsh Government has been approved to trial IMS as an alternative for the traditional procedure for Glaucoma (Trabulectomy) – this is anticipated to reduce operating time by at least 50% and reduce follow up requirements from 8 appointments to 5	Funding for 75 additional procedures during 2021/22 (dependent on training and sufficient patients being identified)	Training is required from the company before the new procedure can be introduced. They are presently experiencing staff shortages and so a confirmed date for this training is awaited. The lists can then start immediately. At present 16 patients have been identified for this procedure and so delivering the activity will be dependent on new patients coming through.
Glaucoma Consultant business case: Glaucoma Consultants can be challenging to recruit and there is an opportunity to recruit 1 WTE	502N + 2,520F outpatient appointments	Business case submitted to ILG 01.10.2021

jointly with Cardiff and Vale to work in the South (8 sessions for CTM) plus 1 WTE for the North (replacing a current ad-hoc locum)	+ 504 procedures (part of POW theatre expansion numbers)	
Regional working: Commitment has been given by the HBs in South East Wales to working collaboratively, with immediate focus on expanding cataract operating e.g. the 2nd theatre at POW plus opportunities to expand on the Nevill Hall and University Hospital Wales sites. Specific work streams will be developed to work collaboratively on workforce, estates and clinical pathways.	TBC – awaiting agreed plan / capacity	CTM continues to engage in the regional discussions and will seek to realise the benefits as quickly as possible
Open Eyes: The Health Board is committed to implementing the national electronic patient record, Open Eyes. This will facilitate the sharing of images between primary and secondary care to support shared care pathways, as well as e-referral, acting as an enabler for further service developments.	NA – Open Eyes will not directly deliver additional capacity but will act as an enabler for other schemes that will	It was intended to implement during October 2021, however that will not be achieved. An updated plan is being developed aiming to implement at the earliest opportunity. There remain outstanding technical issues that must also be resolved and there are regional and national discussions in relation to these.

2.7 The projected impact of the above schemes is summarised below-

Scheme	Projected activity 2021/22						
	Oct	Nov	Dec	Jan	Feb	Mar	Total
Inpatient-							
Preserflo	5	5	5	5	5	5	**30***
2nd theatre POW		80	161	161	161	161	**724**
Total	**5**	**85**	**166**	**166**	**166**	**166**	**754***
Follow up-							
Maesteg ODTC		100	200	200	200	200	**900**
Glaucoma shared care	65	65	65	200	200	300	**895**
Diabetes Retinopathy shared care				70	70	140	**280**
Waiting list initiative	28	28	28	28	28	28	**168**
Total	**93**	**193**	**293**	**498**	**498**	**668**	**2,243**

**the intention is to deliver a greater level of activity, but this will be dependent on appropriate patients being identified*

2.8 Going forward, additional activity in 2022/23 is projected as-

Scheme	Projected activity 2022/23						
	Apr	May	Jun	Jul	Aug	Sep	FY Total
Inpatient-							
2nd theatre POW	161	161	161	161	161	161	**1,932**
New outpatient-							
Glaucoma Cons	42	42	42	42	42	42	**504**
Follow up-							
Maesteg ODTC	200	200	200	200	200	200	**2,400**
Glaucoma shared care	400	400	400	400	400	400	**4,800**
DR shared care	200	200	200	200	200	200	**2,400**
Glaucoma Cons	210	210	210	210	210	210	**2,520**
Total F/up	**1,010**	**1,010**	**1,010**	**1,010**	**1,010**	**1,010**	**12,120**

2.9 As requested at the last PPF Committee, public messaging has been refreshed in relation to the status generally of optometry services at this stage of the pandemic. This has reinforced that key services are widely available under Eye Health Wales as well as promoting new services that have been introduced, and will scale up as more interventions in community optometry services are progressed.

Further service developments-

2.10 In addition to the above, Welsh Government have recently released their 'Eye Care Recovery Plan', which sets out a number of proposed areas of high priority for Health Boards to focus on. The Health Board has been advised that funding will be made available to support this

in 2021/22, with bids to be submitted by 15 October 2021, with discussions ongoing regarding future funding. The following are the areas that are currently under discussion with a view to developing further service development proposals-

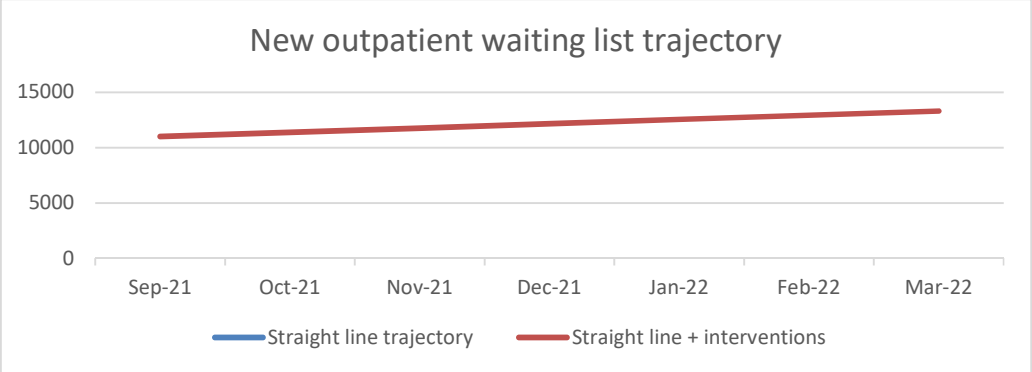
- **Wet age related macular degeneration (AMD):** Development of a referral refinement pathway in primary care, to manage low risk patients in the community and ensure that only those that require specialist input are referred to secondary care
- **Hydroxychloroquine monitoring:** A service has been introduced at POW, however this potentially gives the opportunity to formalise and roll out across CTM, offering a more robust and sustainable service for patients
- **Urgent domiciliary enhanced care service (DEECS):** A service was delivered during COVID but has since been stood down. Primary Care are therefore reviewing the need and feasibility of re-introducing this service.
- **Waiting list validation by community Optometrists:** Two potential models are described, one whereby specific referrals are sent to specialists in the community for review e.g. those with advanced Glaucoma and Retina qualifications. The other model would be for all long waiting referrals to be returned to the referring optometrist for review, to determine whether an appointment is still needed and to identify any patients that may need to be expedited. The service is considering the potential impact and benefits against both approaches with a view to developing a proposal accordingly.

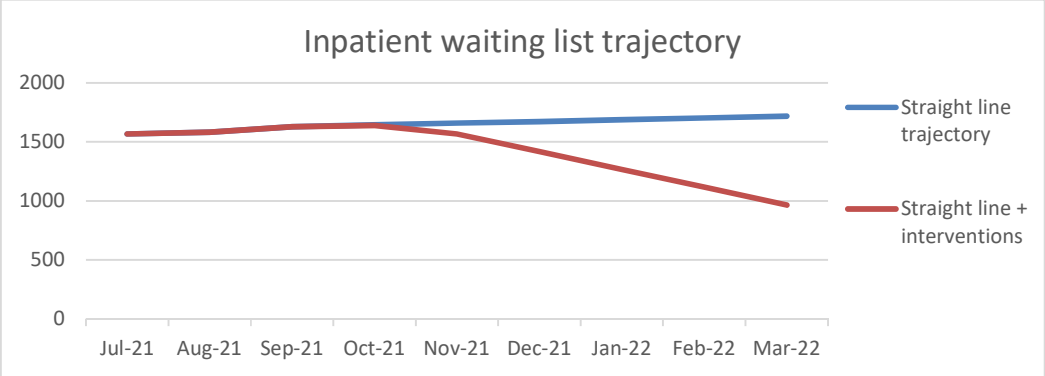
2.11 It is reassuring to note that CTM has already made good progress against the other areas highlighted within the WG plan-

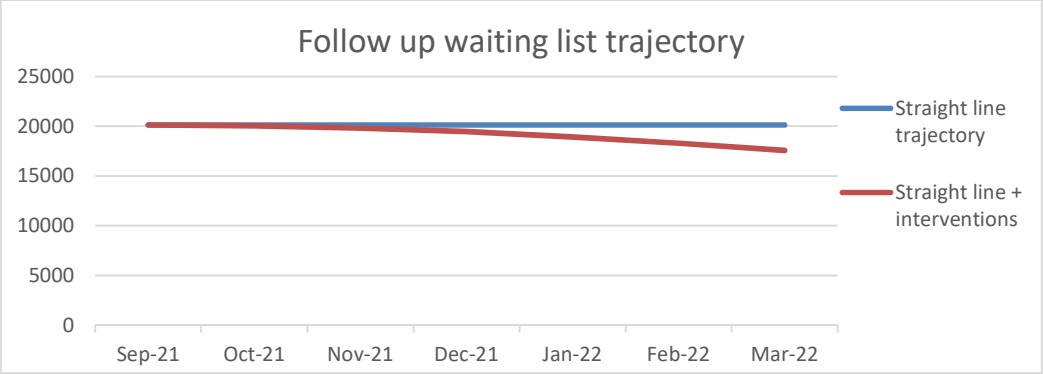
- **Diabetic Retinopathy review scheme:** as described above, work is well advanced to introduce a shared care service with Primary Care
- **Primary care development of an Independent Prescribing Optometry Service (IPOS):** this service is well established across CTM, with 9 community practices offering this extended service intended to release demand on Eye Casualty
- **Glaucoma assessment:** As described above, various work streams are being progressed, including the Maesteg ODTC development and the shared care pathway with primary care. An ODTC model is already operational in the service in the North of CTM.

2.12 Based on the above, the trajectories presented at the last meeting have been updated to reflect the latest position and plans. The 'straight line trajectory' assumes that each waiting list will grow at the average rate of growth over the last 12 months. The 'straight line

plus interventions' follows the same logic, with the additional activity from the schemes described above incorporated-







2.13 As the above demonstrates, should the planned service developments be successfully delivered, it is projected that there will be reductions in the inpatient and follow up waiting lists. The new outpatient waiting list is, however, projected to continue to grow and this will need to be an urgent area of focus. The Welsh Government Eye Care Recovery Plan focus on waiting list validation will be explored, as well as opportunities to extend the developing shared care services for Glaucoma, Diabetic Retinopathy and Wet AMD to incorporate new patients.

2.14 This focus on service developments will be in addition to tight managerial controls, ensuring that the service is running to maximum efficiency, with the following to be progressed:

- Meet with outpatient leads on each site to confirm maximum templates within current COVID-19 constraints and ensuring that these are being maximised, noting that a decision regarding the recent PHW guidance may provide further opportunity
- Ensure that appropriate clinic/ list cancellation policies are being followed and develop prospective monitoring tools, so that where there may be vacant capacity these slots are identified and used
- Progress Consultant job planning to ensure that all opportunities to maximise capacity are incorporated
- Maximise digital opportunities where capacity is still constrained by Infection Prevention and Control (IP&C) measures.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 As described, there are a range of service developments under way and a number of additional schemes under discussion, in preparation to submit proposals against the additional Welsh Government funding. These service developments will run in parallel to a focus on ensuring that the service is operating to maximum capacity and efficiency. An overarching improvement plan setting out all of this work is under development with a view to seek approval at October Management Board.

3.2 As described in the previous paper, there remain a number of ongoing risks in relation to the delivery of services that are continuing to be managed and which are being monitored in greater detail through the Quality and Safety Committee. The recruitment of the new Clinical Leadership and Quality and Performance Improvement Manager provide greater capacity and an enhanced model within the leadership team to deliver against these and the whole improvement plan. Of note, the all-Wales review of Ophthalmology services undertaken by the Royal College of Ophthalmologists has now been fed back verbally and the full report is therefore expected imminently, this will help to inform future programmes of work. Further feedback from the Royal College is awaited in relation to next steps for the independent review that has been requested, with terms of reference having been agreed and initial information provided by the Health Board.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below) Waiting times for Ophthalmology can have significant patient safety implications

Related Health and Care standard(s)	Choose an item. If more than one Healthcare Standard applies please list below: Staff and resources, staying healthy, safe care, timely care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. This paper provides a summary of the current position and plan, EIA would be completed for any specific service changes as required.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Committee are asked to **NOTE** the content of this report.