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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 May 2023	Agenda Item	5.3
Report Title	Ophthalmology Service Progress Report		
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Report Sponsor	Deb Lewis, Chief Operating Officer		
Presented by	Deb Lewis, Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	This report provides the Committee an update on Ophthalmology performance, and the recovery plans for sustainable eye services which will reduce the risk of irreversible sight loss both in the backlog of follow up patients and new referrals.		
Key Issues	<p>To reduce the risk of irreversible sight loss within the backlog of Ophthalmology follow up patients and new referrals.</p> <p>Significant investment secured to reduce waiting times for cataracts and glaucoma.</p> <p>Steady improvement in the treatment backlog over 36 weeks since December 2021</p> <p>Short term deterioration in the paediatric position</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the continued improvement in reducing the backlog for both new and follow up patients. 		

Ophthalmology Progress Report

1. INTRODUCTION

This report provides the Committee an update on Ophthalmology performance, and the recovery plans for sustainable eye services which will reduce the risk of irreversible sight loss both in the backlog of follow up patients and new referrals.

2. BACKGROUND

The Health Board's priorities during the first wave of the Covid 19 pandemic were to ensure that only the following essential eye services were maintained:

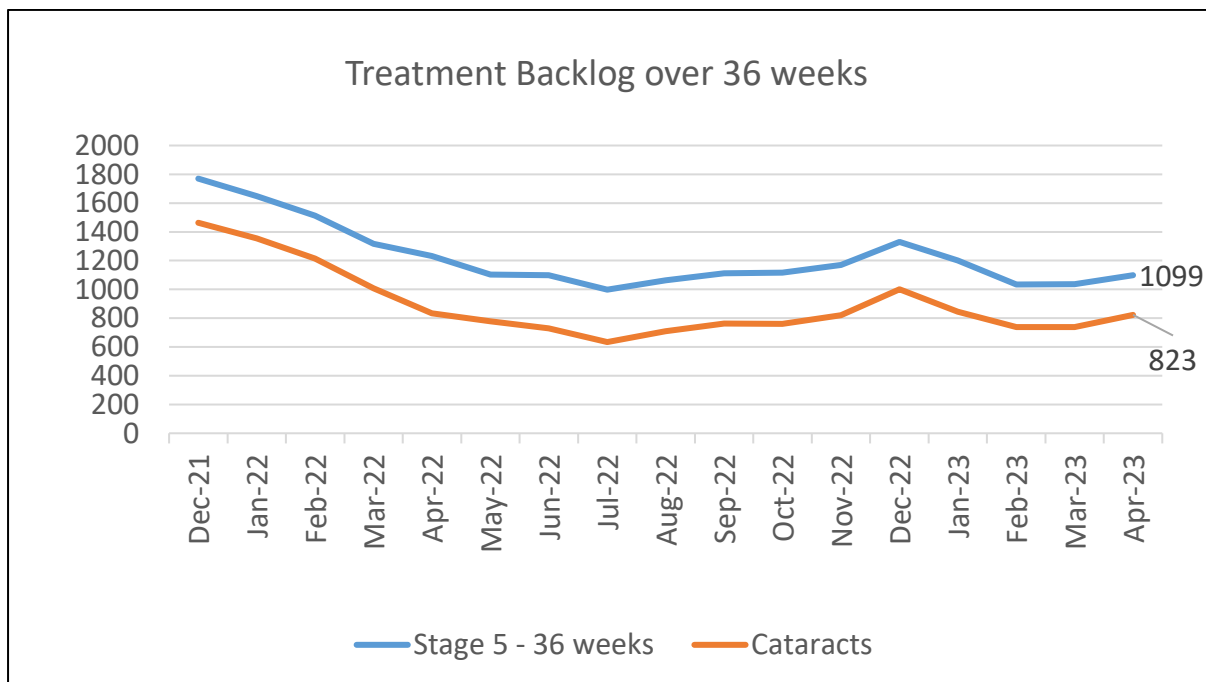
- AMD treatments
- Retina services
- Rapid Access Eye clinic (RACE - Eye Casualty)

As a consequence, the progress made through the previous eye care initiatives through to the March 2020 was reversed. However, in the last two years significant investment has been secured to address the backlogs in ophthalmology in particular in the sub specialities of cataracts and glaucoma

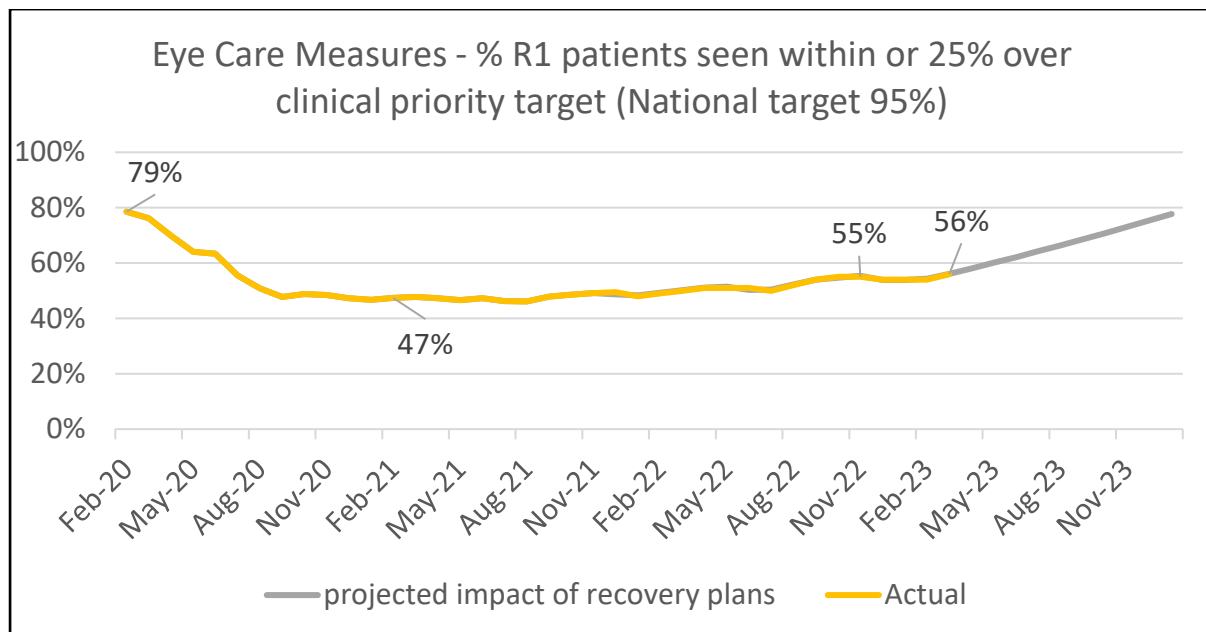
3. ASSESSMENT

The ophthalmology service's performance is measured against both Welsh Government RTT targets and Eye Care Measures (ECM).

As can be seen below there have been a steady improvement in the treatment backlog over 36 weeks since December 2021 and in particular a reduction in the number of patients awaiting cataract procedures with the number reducing from 1463 to 823 at the end of April.



In contrast the ECM is taking longer to recover as this is related more to outpatient capacity which was particularly limited through Covid and has required additional physical outpatient capacity to be created. The trend is upward but slower than anticipated.



*Trajectory based on OPD transformation funded products

The ophthalmology service has several component sub-specialty areas:

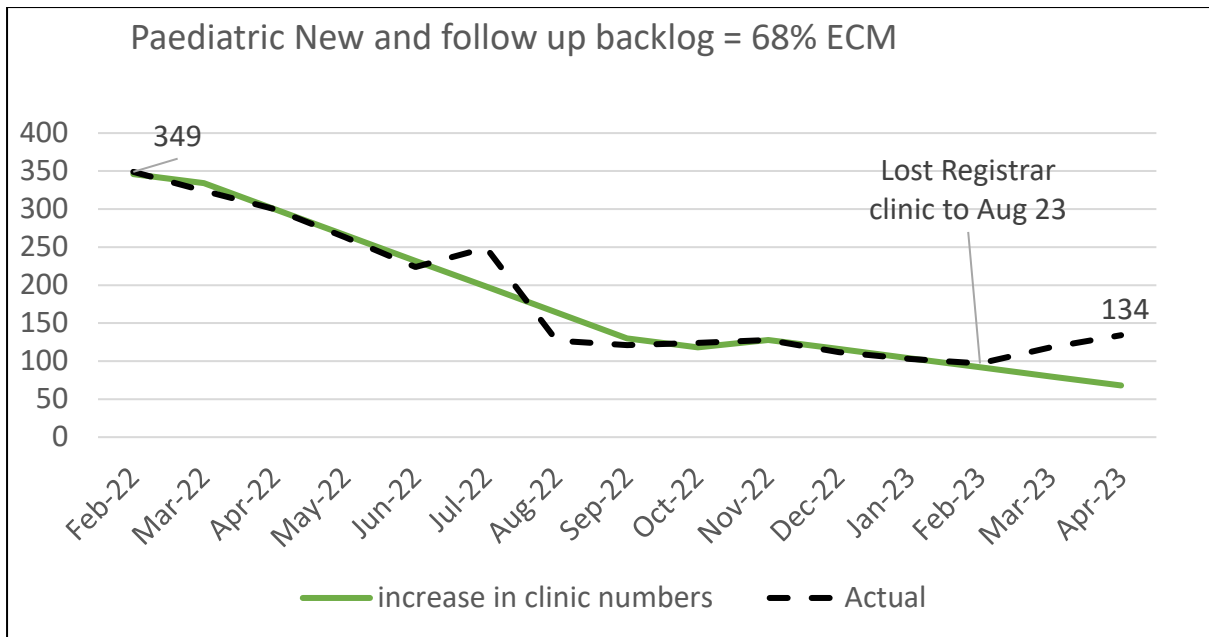
Age Related Macular Degeneration (AMD)

There is no backlog of patients for the wet AMD service.

- The 2-week new referral target and injection regimes target have been maintained.
- WG OPD transformation funds are ongoing for AMD referral refinement scheme by contracted qualified optometrists, this has resulted in a 40% reduction in referrals requiring wet AMD new appointments, releasing capacity for time critical follow up treatments.

Paediatrics

As can be seen below there has been a steady reduction in the backlog of paediatric patients from February 22 through to February 23. There has been an increase following the loss of a registrar and the position will deteriorate further with one of the consultants taking a career break in August 23. There is a plan to recruit a locum to cover this gap and/or establish additional outpatient capacity with the existing team, but this the service with the greatest risk of increasing waiting times at present.

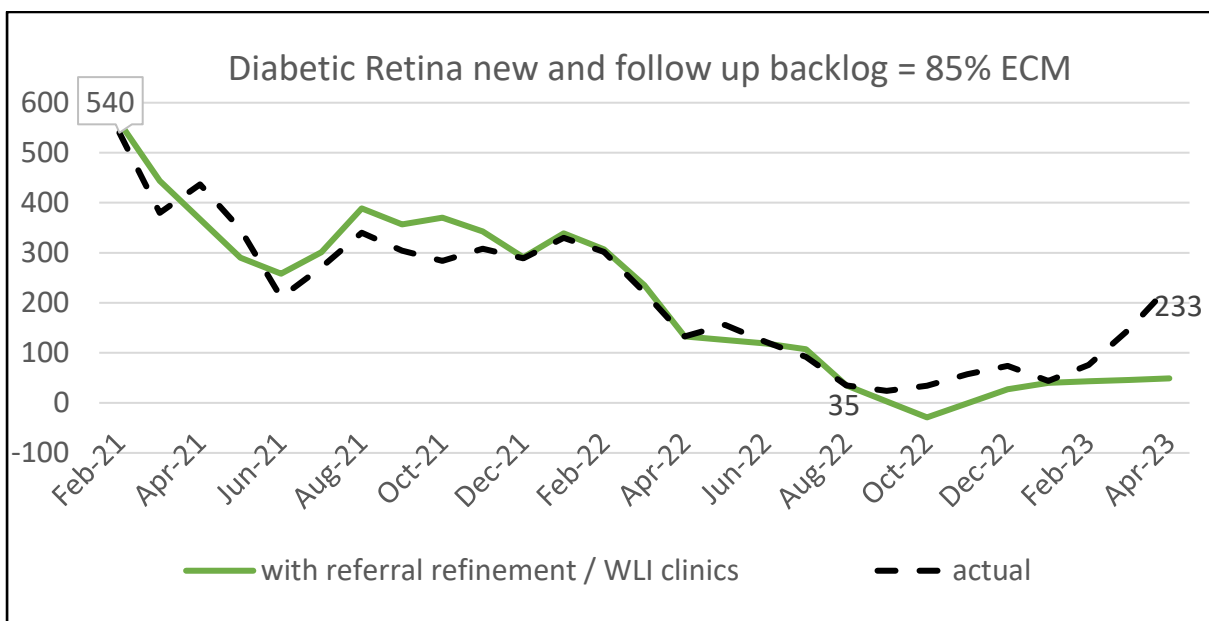


Diabetic Retinopathy

The service has benefited from WG OPD transformational funding to reduce their backlog, and this has supported.

- Diabetic retina technician scan only clinics with clinician virtual review to determine outcome.
- Diabetic retina referral refinement scheme introduced February 21 which has resulted in an 80% reduction in Diabetic Eye Screening Wales (DESW) referrals needing a hospital appointment, releasing capacity for time critical follow up patients.

The current increase to backlog due to one of the four optometrists withdrawing from this scheme in January 23 and the delay in recruiting a further optometrist May 23.

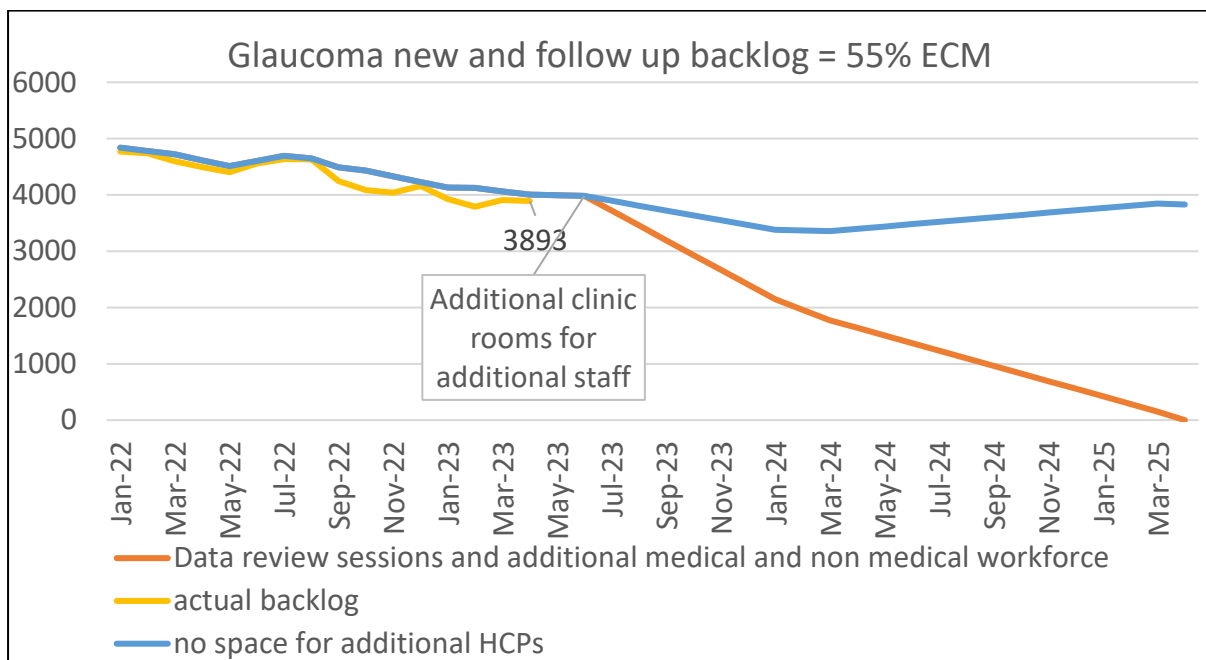


Glaucoma

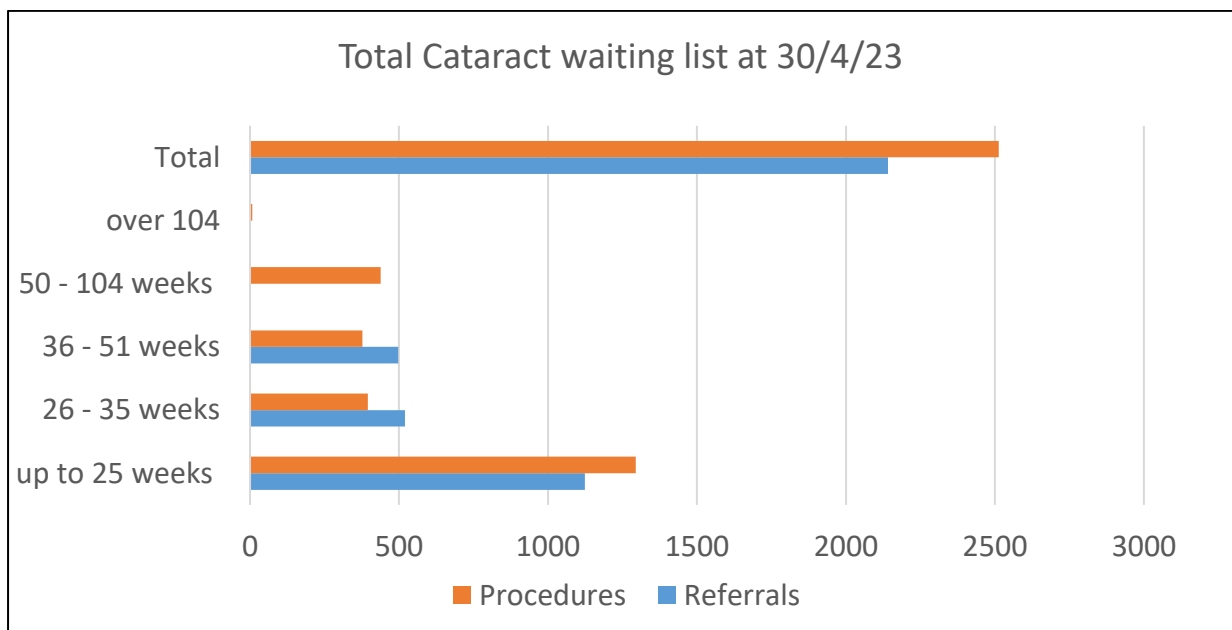
WG OPD transformational funding continues to support a reduction in the backlog through:

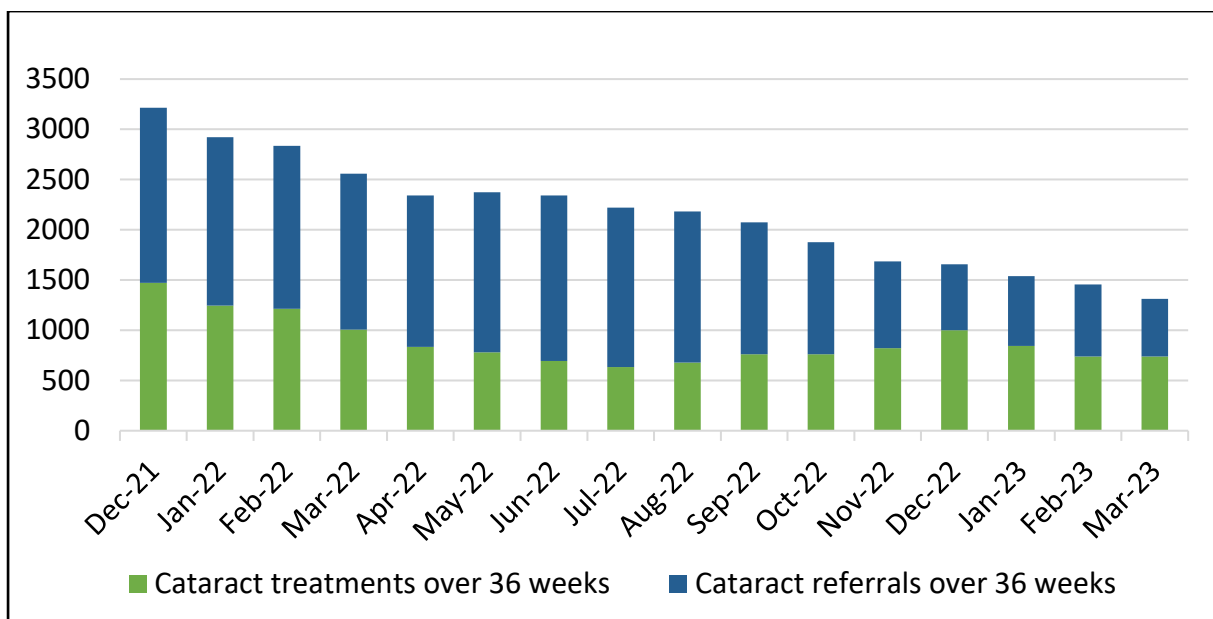
- Additional glaucoma Ophthalmic Diagnostic and Treatment Centres (ODTC) in community settings.
- 25 community Optometrists supporting data gathering of Glaucoma follow up patients.

The result of these initiatives has been to reduce the backlog from 4839 (Jan 22) to 3893. Additional outpatient space has been secured in Singleton Hospital to support the additional staff and this will result in a further significant reduction in the backlog.



Cataracts





The charts above demonstrate the significant improvement in reducing waiting times for cataract surgery, this has been achieved through a combination of actions:

- Cataract outsourcing to private provider from April 22 to October 22 (approx. 50 treatments per month from Stage 1 (outpatient) referral backlog)
- Insourcing company supporting stage 1 (outpatient) backlog with 168 one stop clinic slots and 120 treatments per month from August 22 to June 23
- Additional Day Unit theatre in Singleton with 10 Ophthalmology sessions a week from July 22 (treating backlog of patients clinically unsuitable for insourcing and outsourcing)
- Rolling pre assessment clinic questionnaires sent to new referral patients to determine if they can be seen in a high-volume cataract one stop clinics.

4. GOVERNANCE AND RISK ISSUES

Patients categorised as R1 in the Eye Care Measure are those at greatest risk of sight loss if not seen within clinical target dates, therefore it is vital that improvement in this measure (target 95%) is achieved. This needs to be the focus whilst still clearing the current backlogs.

The colocation of Ophthalmology Singleton OPD services would be more efficient for staff, equipment usage and patient flow. Additional rooms have been secured but in the longer term a dedicated area would be more provide efficiency gains

Some of the sub-specialty services have a low consultant base and any long-term absence will impact adversely on service delivery, as evidence in paediatrics.

The service heavily supports the ophthalmology service in Hywel Dda which has an extremely low consultant base. The paediatric, corneal and glaucoma services are supported by Swansea Bay consultants. Any further reduction in the workforce could result in the service in HD collapsing adding additional pressure to the SB service. This is a focus of the regional work being undertaken under the umbrella of ARCH.

5. FINANCIAL IMPLICATIONS

There has been a significant investment in both the cataract and glaucoma service from the Health Board's planned care recovery funds, approximately £2.7m recurringly. In addition, £250k has been allocated for insourcing for Q1 of 23/24. The assumption is that once the insourcing ceases the additional core capacity will maintain and eventually reduce the current waiting times for cataracts. This is however linked to improved efficiency i.e., increase in the number of cases per session.

There are also a number of scheme support by non-recurring Outpatient Transformation funding and funding sources will need to be identified for these to continue in 2024/25.

6. RECOMMENDATION

The Committee is asked to note the continued improvement in reducing the backlog for both new and follow up patients.

Governance and Assurance		
Link to Enabling Objectives <i>(Please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Recovery and sustainable service plans will ensure all patients are safely seen within clinical target dates and eliminate risk of sight loss		
Financial Implications		
Recurrent HB recovery funding Recurrent WG Eye Care funding.		
Legal Implications (including equality and diversity assessment)		
Redress claims for sight loss due to delays in assessment		
Staffing Implications		
Training of Ophthalmic non-medical practitioners and technicians		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Report History	None	
Appendices	None	