Meeting Date	**23 November 2021**	**Agenda Item**	**4.3**
Report Title	**Ophthalmology Gold Command**		
Report Author	Suzanne James, Ophthalmology Service Manager		
Report Sponsor	Inese Robotham, Chief Operating Officer		
Presented by	Craige Wilson, Deputy COO		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to update on the progress of the Ophthalmology Gold Command which was established to coordinate and expedite the mitigating action and monitoring of risk reduction against the 'Follow-Up Not Booked' (FUNB) profile for Ophthalmology.		
Key Issues	The performance of our Ophthalmology outpatient services is a key concern for the Health Board. A key challenging area is that of delayed follow up appointments. An Eye Care Gold Command was set up to oversee an improvement trajectory for Eye Care Services. Whilst good progress had been made in all of the targeted areas through to the end of February 2020, the Covid pandemic has resulted in a significant reversal in the trend.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☒	☐	☐
Recommendations	Members of the Committee are asked to be : **Discuss** and note that whilst the schemes that improved the position in each specialty will be re-introduce in the coming months, the limitations imposed by social distancing will still significantly impact on the capacity provide and that additional actions will also be required to reduce risk of harm to patients		

OPHTHALMOLOGY GOLD COMMAND

1. INTRODUCTION

The purpose of this report is to update on progress of the Ophthalmology Gold Command, which has been set up to coordinate and expedite the mitigating action plans. This group is overseeing and monitoring risk reduction against the Follow Up Not Booked (FUNB) profile for Ophthalmology and has now extended to look at the R2 category of patients and RTT for cataract to ensure there is a single approach across Ophthalmology pathways to minimise duplication and consistency of reports.

2. BACKGROUND

In September 2018 the Health Board reported that it had a large number of patients (in excess of 10,000) who were beyond their target date waiting for follow up appointments in Ophthalmology. Excessive waits in outpatients ophthalmology is common across all health boards in Wales.

Through 2018, the National Planned Care Programme worked with health boards, NWIS and RNIB to develop processes and systems to introduce individualised target dates for a combined new and follow-up patient list, which is based on the patient's clinical condition. Three defined categories have been agreed to support the clinical prioritisation:

- R1: Risk of irreversible harm or significant patient adverse outcome if patient target date is missed
- R2: Risk of reversible harm or adverse outcome if patient target date is missed
- R3: No risk of significant harm or adverse outcome

The prioritisation code is related to the clinical risk, and not the expected time interval required for achievement of a target. Fundamentally, the clinician will not know if harm has occurred until the patient has been seen in clinic again. Therefore with large numbers of patients waiting longer than their consultant directed, there is likely to be irreversible injury occurring of which we are not yet aware.

All health boards were required to shadow report against the new eye care measures from 1 September 2018. All patients have been required to have a maximum waiting time following referral and follow-up review based on their condition and risk of harm. The data collection has now been standardised and developed and is in place. Welsh Government commenced reporting via STATS Wales in June 2019.

The Delivery Unit undertook a review of the delivery of the New Ophthalmic Measures with a data collection exercise in February 2019 and site visits and interviews in March 2019 a report with a list of recommendations was published, and these recommendations accepted and now form part of the action plans for Ophthalmology.

The highest risk category, R1, includes all patients with Glaucoma, Diabetic Retinopathy, Acute Macular Degeneration, and some paediatric patients. Large numbers of adult patients with other conditions would also fall into this category. One key issue is that patients with Glaucoma and Diabetic Retinopathy are unlikely to recognise evolving sight loss themselves.

Patients with cataracts are considered R2 as harm is reversible.

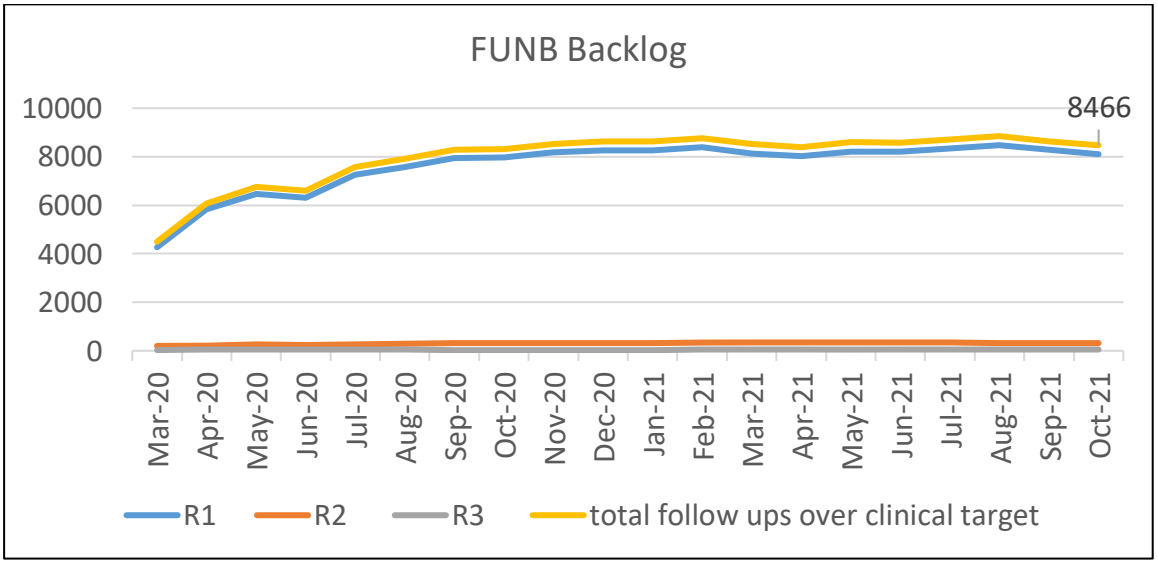
Some of the reason for increases will be due to adjustments related to data separation and a cohort of patients who had been incorrectly attributed to POW and have now been reflected correctly. As patients are seen they will be coded and allocated to correct lists

3. ASSESSMENT

During the first wave of the Covid 19 pandemic, 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 has been reversed and as can be seen below:



Following the first wave additional outpatient service changes were established via a QIA process to minimise the risk to patients and staff:

- 5 Urgent 'Hot' clinics for sub specialty patients at risk of irreversible sight loss.
- Social distancing restrictions on essential and hot clinic templates numbers of patients per session per location, with strict appointment times to enter clinic area.

- Reduced waiting area as patient flow has to include dilation time (up to 20 minutes) between vision testing and consultation / treatment
- No activity in Neath Port Talbot Hospital or Strawberry Place ODTC
- Clinical review of cancelled clinics and follow up waiting lists by consultants against patient at risk with non-face to face 'note review' outcomes added to WPAS. Consequently there has been a change of clinical target date, patient discharged or appointment for 'Hot' clinic
- On call RACE rota for nurses to support on call doctor so that patients can be seen in OPD rather than on the wards. Decreased reliance on wards
- Follow up AMD patients on a PRN system were seen in Specsavers opticians to free up capacity for more urgent patients within Ophthalmology OPD. Lower risk patients able to be monitored within the community and increased hospital discharges.

Subsequent to this, the following have been put in place as part of the Outpatient recovery plan:

- Reintroduction of Glaucoma ODTC service in NPT and Strawberry Place GP surgery July 2020
- Reintroduction of daily Outpatient clinic at half capacity to allow for additional cleaning, social distancing and consideration to total hospital footfall numbers September 2020
- Reintroduction of 2 weekly Cataract one stop clinics for urgent referrals in backlog September 2020

In terms of the Gold Command action plan the following has been achieved:

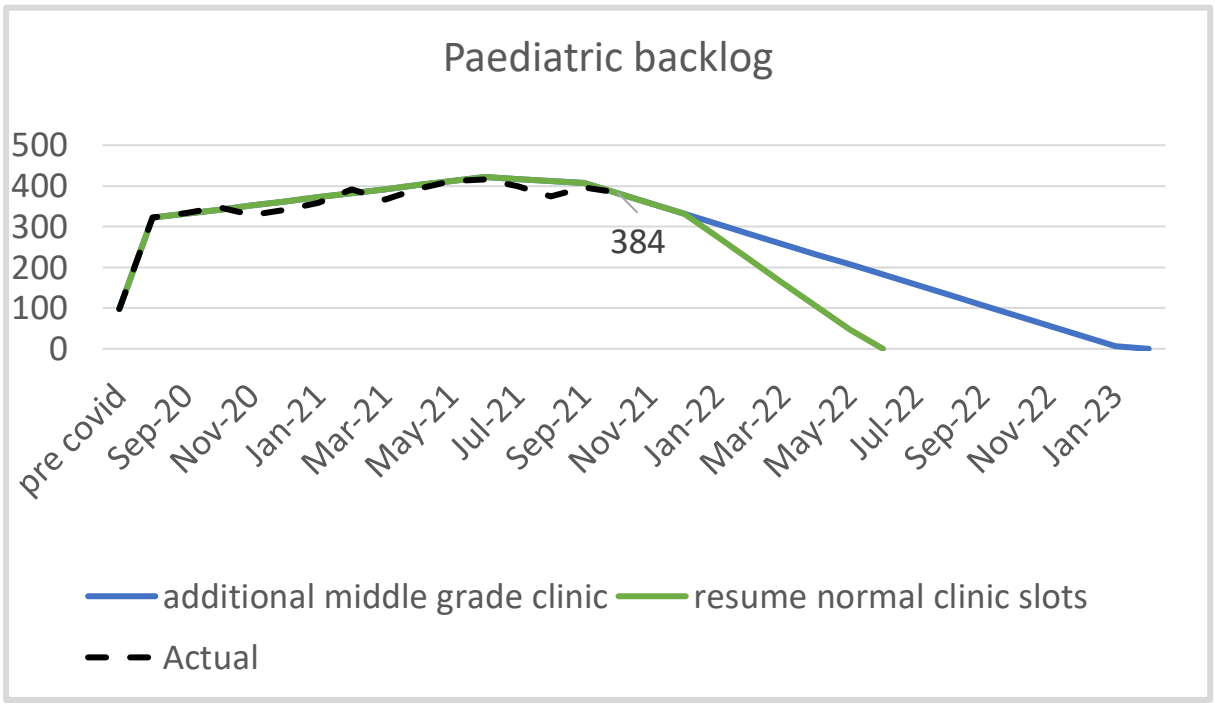
- Paediatric – 2 consultants have started with a post Covid timetable covering Hywel Dda sessions under SLA contract.
- Diabetic Retina – Band 4 Coordinator appointed 7th September 2020 and reintroduction of image only clinics for virtual review.
- Diabetic retina – Commenced February 21 WG funded community referral refinement scheme to reduce demand on the hospital service.
- Glaucoma – Strawberry Place ODTC clinics transferred to Dyfed Road Community Hub in December 20 and an additional Glaucoma ODTC clinic in Swansea University from February 2021
- Some clinically urgent cataract operations have been undertaken through from May 2020 to date with limited HB theatre allocation

Impact by Specialty

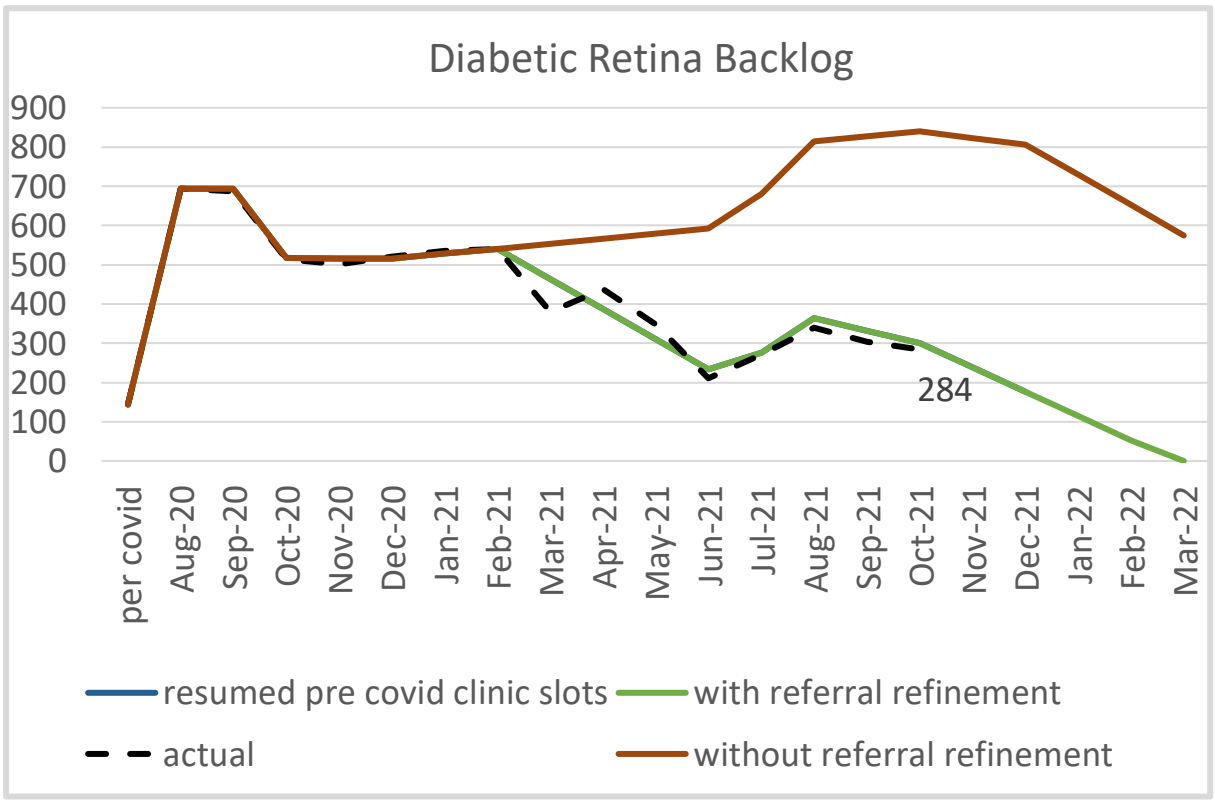
The Covid 19 impact on the various sub specialties can be seen on the following charts; there is a direct correlation with the reduction in clinical activity as a consequence of Covid 19 and a deterioration in the waiting list positions.

Each sub specialty now has a recovery plan detailed in the Next Steps section based on are-establishing pre-Covid outpatient clinic capacity numbers and implementation of the WG funded initiatives

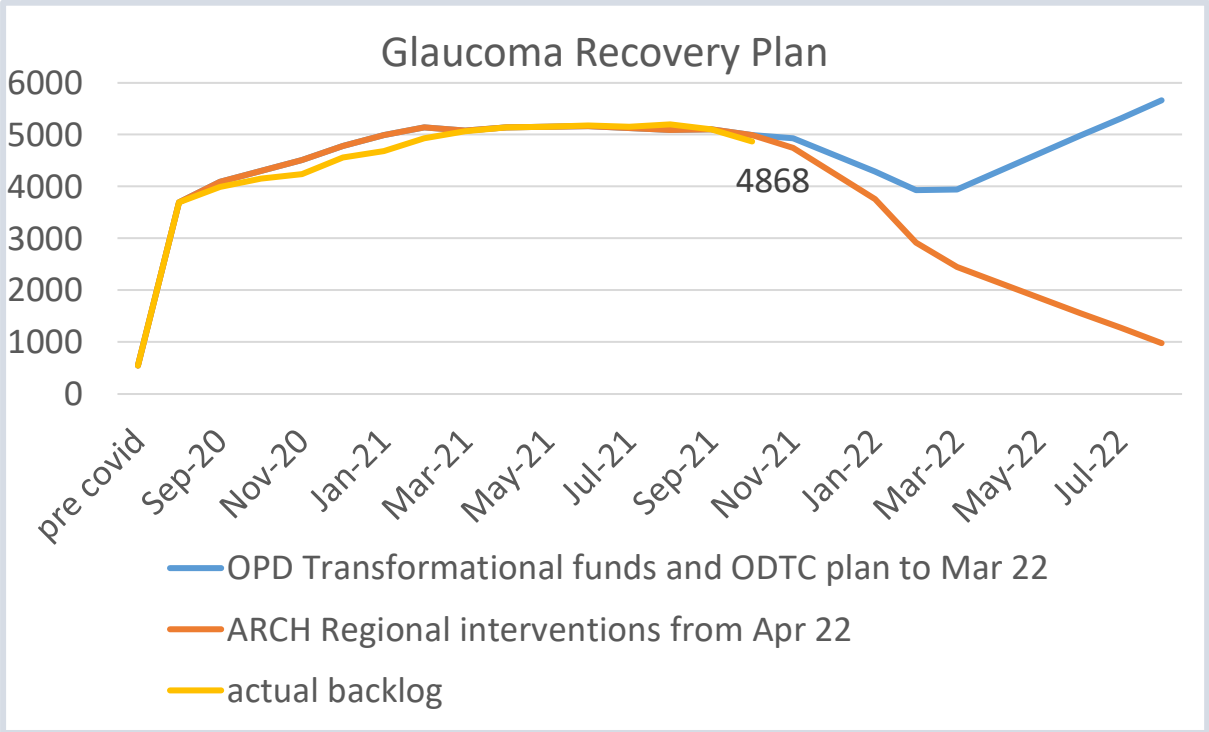
Paediatrics



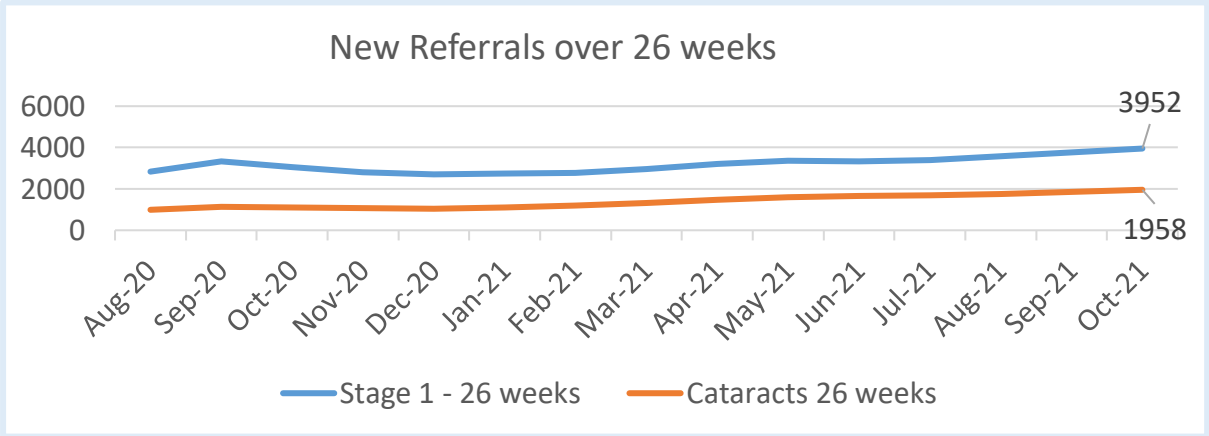
Diabetic Retinopathy

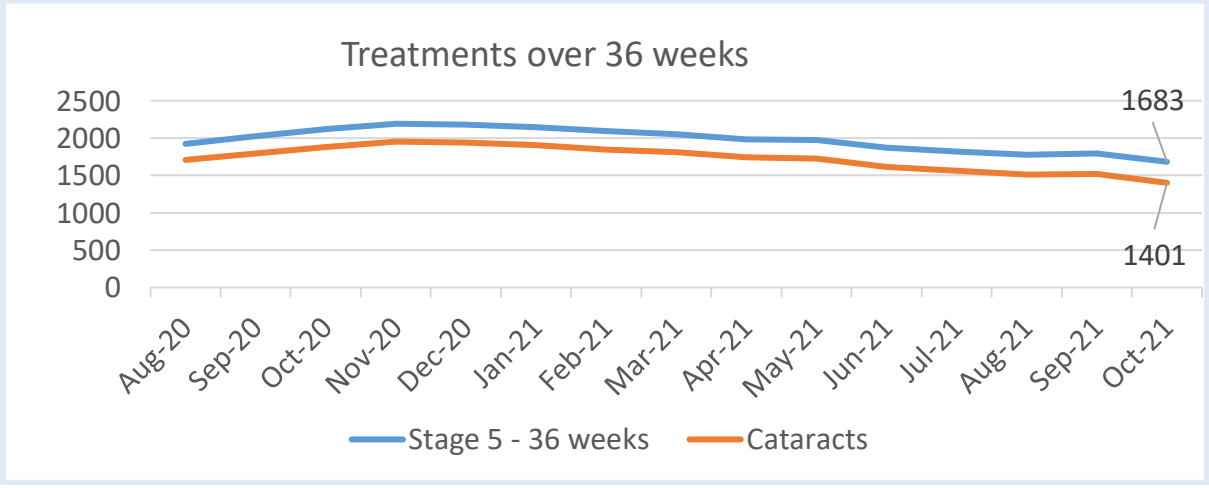


Glaucoma

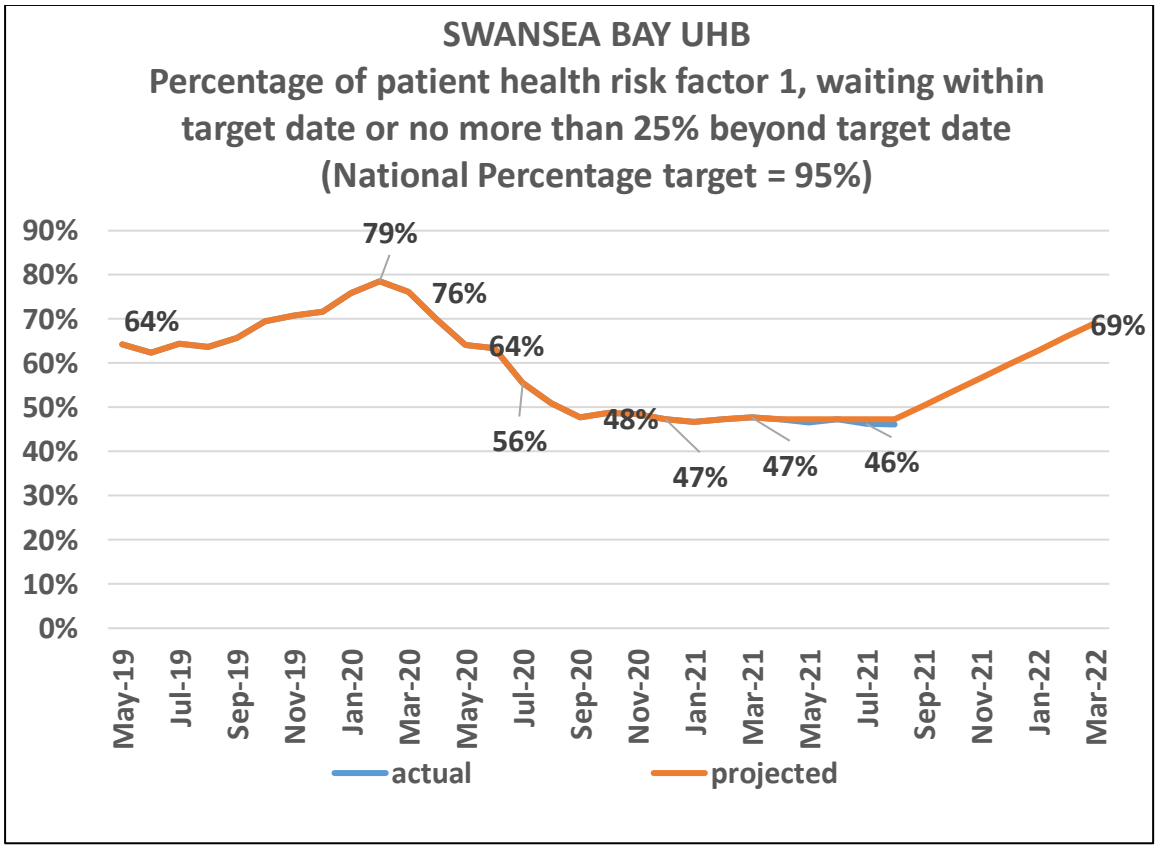


RTT Waiting Times





Eye Care Measures



Next Steps

Pre Covid, clinic capacity and space was already overbooked and overcrowded. Under the new social distancing restrictions, different ways of working and additional accommodation are required to meet the ongoing demand and backlog on this service.

The current recovery plan for Ophthalmology is as follows:

- Paediatrics – reducing backlog will be reliant on resuming normal clinic activity numbers or additional clinics
- Glaucoma - reducing backlog will be reliant on resuming normal clinic activity numbers and more trained Glaucoma practitioners working in community based ODTC clinics support by the WG Eye Care OPD transformation fund.
  Nov 21 – commence data collection scheme with local Optometrists and hospital technician clinics, leading to virtual review for next clinical decision on patient pathway. Only the most clinically urgent will have a face-to-face appointment in reduced clinic capacity
- Cataracts – a SWW regional recovery plans being developed. A new Singleton day unit theatre is to be built for 10 weekly Ophthalmology sessions by March 2022. Outsourcing of Cataract waiting lists over 52 weeks, potential 2300 treatments from Nov 21 to March 22.

In addition to these actions the following enablers are also planned:

- Consultant Connect established to assist referrals queries from Optometric practices to RACE and Diabetic retina services
- National Eye Care EPR system (Electronic Patient Record) – to assist in patient data sharing with Primary care Optometrists and joint working. 'Go Live' for Glaucoma specialty by Mar 22.

Progress against the action will continue to be monitored via a Gold Command process, led by the Deputy Chief Operating Officer and regular updates provide Quality and Safety Committee.

Open Serious Incident reports

Over the last 12 months three Serious Incidents have been reported in Ophthalmology, resulting in a loss of lines of sight, a summary of these is shown below. All incidents have been investigated and corrective action plans put in place to prevent further occurrence.

- No appointment sent for review of diabetic eye disease, over 1yr past proposed review date. In the interval, condition has deteriorated to the point where major eye surgery with uncertain prognosis is needed.
- Patient was not treated for wet AMD on time now has lost sight permanently in one eye.
- Patient did not receive follow up and may have irreversible visual loss.

4. RECOMMENDATION

The Committee is asked to note the content of the report and the actions being taken to improve performance recognising that there a significant challenges because of a reduction in overall capacity due to social distancing

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

For our population we want:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Achieve better outcomes and experience for patients at reduced cost
- Enable the maximised utilisation of outpatient capacity to see patients in a timely fashion
- To deliver a sustainable service whilst providing improved performance to the overall clinical pathway with reduced waiting time / delays in individual patient treatment plans
- Minimise harm to patients
- Electronic Patient Records

Financial Implications

There are financial implications and failure to act results in patient harm and in large compensation claims for breach of duty. Resource has been provided both from Health Board and Welsh Government funding.

Legal Implications (including equality and diversity assessment)

The Health Board is responsible for planning and delivering primary, community and secondary care health services for its resident population. Ensuring that the Committee is fully sighted on this area of business is essential to positive assurance processes and related risk management.

Staffing Implications

There are several proposals and plans to develop and employ staff in different ways. There is a requirement to undertake a programme of training for non-medical staff and in particular nurses and support workers. This will require an identification of training resource. Optometrists will be working within this service as part of a tendering process, appropriate arrangements will need to be put in to support new ways of working with private contractors. Advice has been sought.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

- **Long Term** – Plans are required to be supported on a long term basis in order to provide a sustainable Ophthalmology Service where all patients are seen within their target date.
- **Prevention** – Prevention will avoid irreversible sight loss in our patients.
- **Integration -** Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
- **Collaboration –** all Ophthalmology recovery and sustainability plans work in collaboration with Consultants, Doctors, Nurses, Community Optometrists, Orthoptists and our patients to provide the right care, in the right place, at the right time.
- **Involvement -** The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

Report History	Previous reports provided to Quality and Safety Forum, Quality and Safety Committee and Executive team
Appendices	None