



AGENDA ITEM

3.1.5

CTM BOARD

**REGIONAL OPHTHALMOLOGY STRATEGY & CATARACTS
BUSINESS CASE**

Date of meeting	30/03/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Elizabeth Beadle, Assistant Director of Transformation
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
South East Wales Regional Planning Portfolio Board	14/02/2023	SUPPORTED
Planning, Performance & Finance Committee	28/02/2023	ENDORSED FOR BOARD APPROVAL

ACRONYMS

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1. SITUATION/BACKGROUND

- 1.1 Chief Executives for the South East Wales region (Cardiff and Vale University Health Board, CAVUHB, Cwm Taf Morgannwg University Health Board, CTMUHB and Aneurin Bevan University Health Board,

ABUHB) renewed their commitment to joint working and regional service provision where clinically appropriate. This is being supported through the Regional Portfolio Board.

- 1.2 This refreshed approach to the governance of regional working coordinates these efforts and each Health Board is taking the lead for a specific priority area;
 - 1.2.1 ABUHB: Ophthalmology
 - 1.2.2 CTMUHB: Diagnostics
 - 1.2.3 CAVUHB: Orthopaedics
- 1.3 The purpose of this paper is to provide an update on the regional ophthalmology work, and to seek approval for the regional strategy which sets out the proposed regional approach to developing ophthalmic services.

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

- 2.1 The focus of regional partnership arrangements directed by the programme has been on two priority areas of work which, although discrete at present, are intrinsically linked in the medium to long term.
- 2.2 The first is the development of a South East Wales regional care strategy which describes the wider medium / long term provision for eye care.
- 2.3 The second is the progression of regional cataract capacity expansion to support all Health Boards manage immediate waiting list pressures and anticipated demand levels in the coming years.
- 2.4 The strategy has been developed with clinical and operational input and sets out the intention for the future direction of regional ophthalmic services.
- 2.5 The attached report (appendix 1) which was presented to the regional portfolio board provides further detail on the strategy and its development. The strategy document is provided as appendix 2.
- 2.6 The strategy is founded on four key principles.



Learning and Improvement



Reducing Variation and Inequity



Designing Value Based best practice services



Delivering timely and high quality patient centred care

2.7 The table below sets out the pattern of service delivery that is proposed by the strategy. This is founded on more straightforward services being provided locally (within HB regions) and more complex and fragile services to be provided regionally. Screening, monitoring and (low-risk) follow up activity will be delivered in community settings wherever possible.

Specialty	On a regional level	At a local level	Community
Glaucoma	Surgical / complex Glaucoma	Medical Glaucoma	Stable treated Glaucoma, Ocular Hypotension
Uveitis	Complex Uveitis	Anterior Uveitis	Simple recurrent Uveitis
Emergency Eye Care:	Eye Casualty	Follow up clinics	Follow ups, Minor Ailments
Out of hours Care	Out of hours Care		
Cornea	Cross linking	Routine Cornea	Keratoconus Monitoring
Oculoplastic	Orbit, Complex	Lids, Minor ops	
Medical Retina	Retinal Dystrophies, Genetics, complex Medical Retina	Stable monitoring, injection services, stable diabetic eye disease	Diabetic screening and monitoring
Paediatrics and Orthoptics	Complex Paediatrics	Routine Paediatrics,, Adult Orthoptics, Paediatric Orthoptics	Screening
Neuro Ophthalmology	Neuro Ophthalmology		
Vitreo retinal	Emergency and routine procedures		
Cataracts	Cataracts Expansion	Cataracts	Follow ups

2.8 The cataracts business case (Appendix 3) and SBAR report (Appendix 4) set out the work undertaken regionally, under the auspices of the regional ophthalmology programme to develop short-term options to deliver additional regional capacity for cataracts to reduce the number of long waiting patients and the length of time that patients wait across the south east Wales region for cataract treatment.

2.9 A number of proposals to increase regional capacity have been developed and subjected to robust option appraisal process with clinical, operational and planning leads. An exercise was undertaken

with each health board individually to score and assess each option against the business case aims and the principles of regional working as set out in appendices 3 and 4.

2.10 Weighting for the scoring was allocated as follows:

- Quality and Safety: 35%
- Effective use of resources: 10%
- Strategic Fit: 10%
- Sustainability: 15%
- Access: 10%
- Deliverability: 20%

2.11 The six options identified were:

- **Option 1: Do nothing** - to do nothing and only retain the core capacity of 5,940 per year across the region.
- **Option 2: Maximising the use of Nevill Hall Hospital (NHH) and Princess of Wales Hospital (POWH)** - This option uses one theatre in NHH for 7 weekday sessions and 4 weekend sessions, and the twin theatre in POWH. The option also includes 2,000 outsourced patients. This option would provide total additional capacity of 8,668, which with the core capacity of 5,940 is 14,608 total capacity.
- **Option 3a: Vanguard and NHH** - This option uses one theatre in NHH for 4 weekend sessions and the twin Vanguard theatre, which is currently in situ at University Hospital for Wales and being deployed in quarter four of 2022-23 to provide treatment to patients across the HW. This option would provide total additional capacity of 7,700 plus a core capacity of 6,120 to create 13,820 total capacity.
- **Option 3b: Vanguard and Maximising NHH** - This option uses one theatre in NHH for 7 weekday sessions and 4 weekend sessions, and the twin Vanguard theatre in UHW. This option would provide total additional capacity of 9,310 plus a core capacity of 6,120 creating 15,430 total capacity.
- **Option 4: Weekend Insourcing and Outsourcing only**- This option uses one theatre in NHH for 4 weekend sessions and the twin theatre in POWH. The option also includes 2,000 outsourced patients. Through this option the total additional capacity is 5,000 plus a core capacity of 5,940 is 10,940 total capacity.
- **Option 5: Outsourcing activity to external provider(s)** - This option involves outsourcing 5,000 patients in 12 months. Through

this option the total additional capacity is 5,000 plus a core capacity of 5,940 is 10,940 total capacity.

2.12 The outcome of the option appraisal both individually by Health Board and collectively for the region was that option 3b was the most optimal option on the basis of the criteria.

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

3.1 The regional ophthalmology strategy has been approved by the Regional Portfolio Board and has been put forward for the approval of the Cwm Taf Morgannwg University Health Board Strategic Leadership Group on 24th February 2023.

3.2 Any formal service development proposals arising from the strategy will be impact assessed and presented to the SLG for formal approval.

3.3 The identification of option 3b as the preferred option for the regional cataracts business case development has been ratified by the Regional Portfolio Delivery Board on 9th February and the Regional Portfolio Oversight Board on 14th February.

3.4 The next phase for the regional cataracts business case will be the fuller financial appraisal and identification of funding mechanisms, however, an in principle approval is sought from committee for Cwm Taf Morgannwg University Health Board to support the development of the business case to plan for the delivery of additional capacity for 2023-24.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Delivery of this strategy is intended to improve access to ophthalmic services and to improve outcomes for patients.
Related Health and Care standard(s)	Safe Care
	If more than one Healthcare Standard applies please list below: Timely Care Effective Care



<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p> <p>Any service change/development proposals arising from the strategy will have equality impact assessments.</p>
<p>Legal implications / impact</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>
<p>Resource (Capital/Revenue £/Workforce) implications / Impact</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
<p>Link to Strategic Goals</p>	<p>Improving Care</p>

5. RECOMMENDATION

- 5.1 The Board is asked to **note** the contents of the report and associated appendices and to:
- 5.1.1 **APPROVE** the Regional Ophthalmology Strategy for implementation, on the basis that any business cases/ service change proposals arising from delivery of the strategy will be presented to the SLG for consideration and approval and onward to Committee and Board.
 - 5.1.2 **NOTE** the Cataract Business Case and **APPROVE** the preferred option 3b for further financial appraisal and identification of funding options to seek to implement the additional capacity in 2023-24.