



AGENDA ITEM

5.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

OPHTHALMOLOGY UPDATE

Date of meeting	24/08/2021
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
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

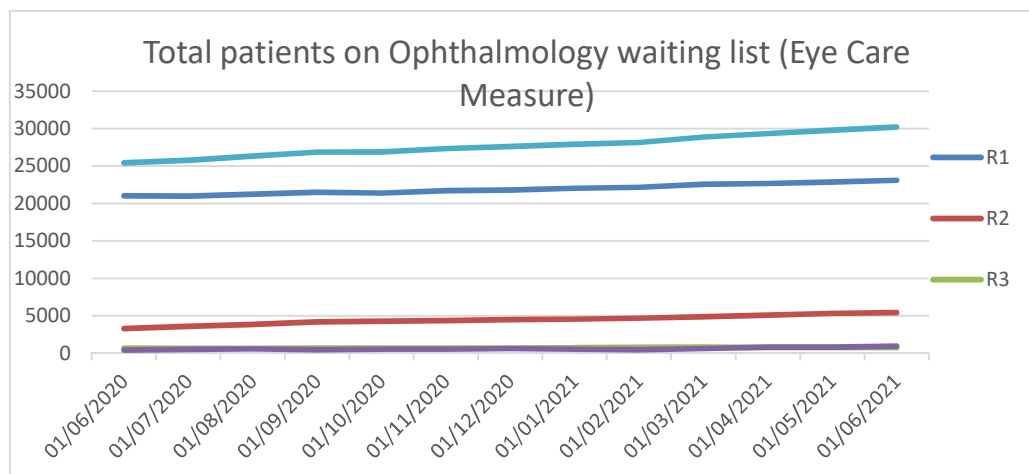
ILG	Integrated Locality Group
CSG	Clinical Service Group
RTT	Referral to Treatment
FUNB	Follow up not booked
HEIW	Health Education and Improvement Wales
SLA	Service level agreement
CTM	Cwm Taf Morgannwg

1. SITUATION/BACKGROUND

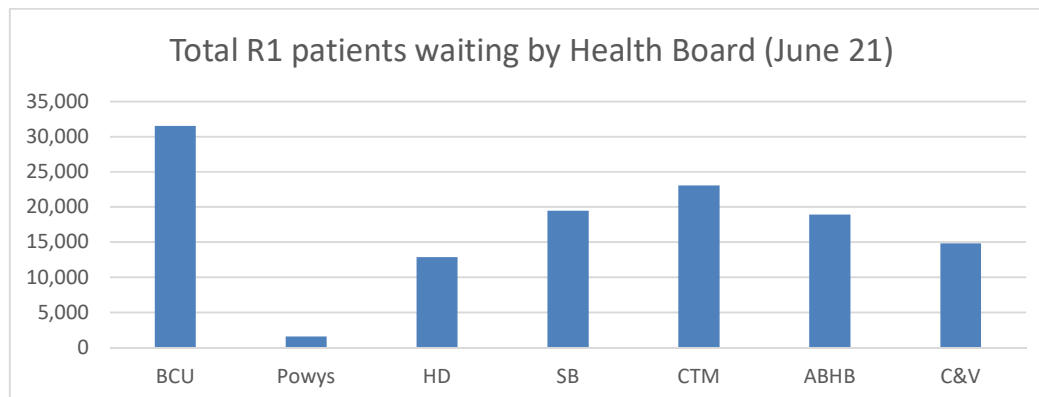
- 1.1 Ophthalmology services are delivered across the Health Board and since February 2021 have been hosted by Bridgend ILG, under the Surgery, Theatres and Critical Care Clinical Services Group. Demand and capacity for Ophthalmology has historically been challenging across both the former Cwm Taf footprint (the 'North' element of the service) and Bridgend (the 'South'), leading to extensive new and follow up waiting times. The position has been further exacerbated by the impact of COVID-19 and this paper sets out the current position and actions being taken to improve this.

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 in June 2021 is as follows-



- 1.3 This shows that the total patients on Ophthalmology waiting lists has grown from 25,462 patients in June 2020 to 30,223 in June 2021, with the majority R1 patients and the growth in R1 and R2.
- 1.4 On an all Wales basis, as the chart below shows, CTM has 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)-

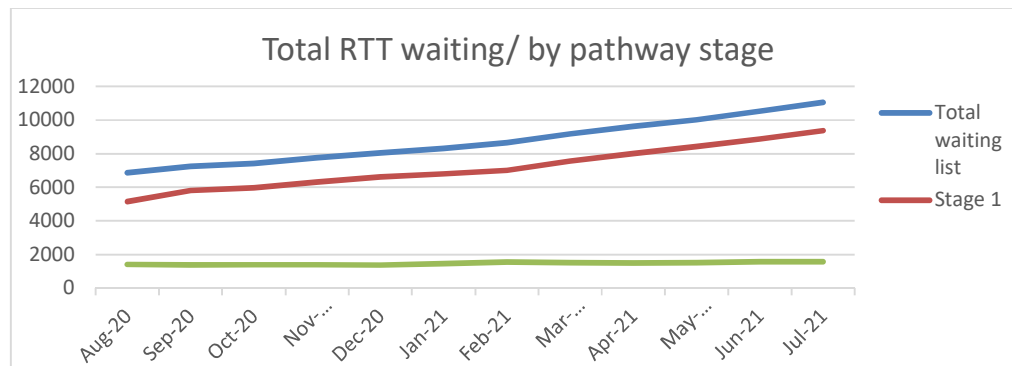




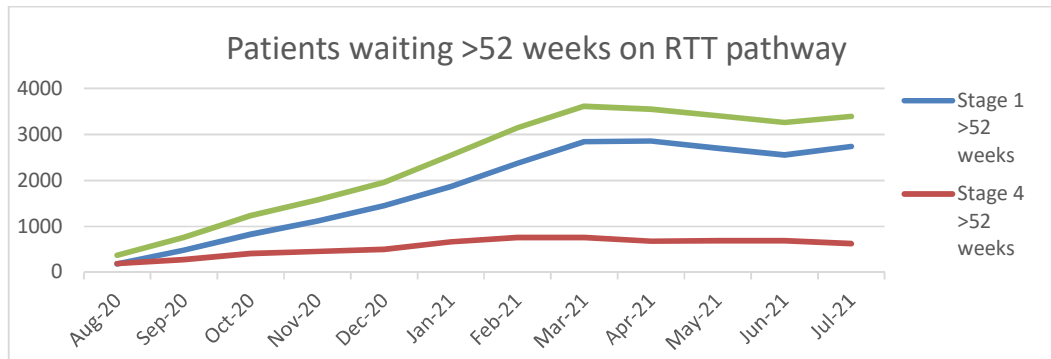
- 1.5 In terms of open RTT pathways, as at 11.08.21 there are 11,184 patients on an open pathway, under the following sub-specialties, demonstrating the range and complexity of the service-

Sub-spec	Waiting >52 weeks	Total waiting
Ophthalmology	946	4,986
Cataract	1,193	2,930
Occular Plastics	249	657
Laser	212	405
Retina	147	393
DRSS	104	470
Corneal	102	214
Paediatrics	69	205
Squint	119	179
Minor procedure	26	169
C&V	151	152
Other	121	424
Total	3,439	11,184

- 1.6 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)-



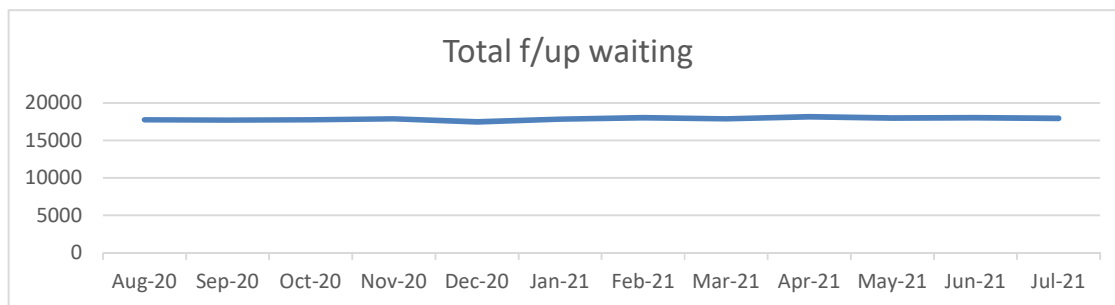
- 1.7 The following chart demonstrates the change in position in relation to patients waiting >52 weeks, with consistent growth initially but levelling off and slightly reducing since March 2021. This reflects increased activity targeted at long waiting patients, including the Planned Care Recovery Programme (described further below)-



1.8 In addition to the RTT open pathways, the service also has a significant follow up backlog-

Area	Not overdue	0-100% overdue	>100% overdue	Total
North	3,260	1,768	4,894	9,922
South	3,624	1,672	2,809	8,105
Total	6,884	3,440	7,703	18,027

1.9 As the following demonstrates, the total patients waiting for follow up has remained consistent over the last 12 months, although noting the impact that reduced new activity has on the follow up position-



Demand and capacity-

1.10 As the following chart shows, new referrals for Ophthalmology were relatively consistent prior to a significant reduction at the outset of COVID-19-19, but have since increased and are now close to pre-pandemic levels-



New Referrals by Month

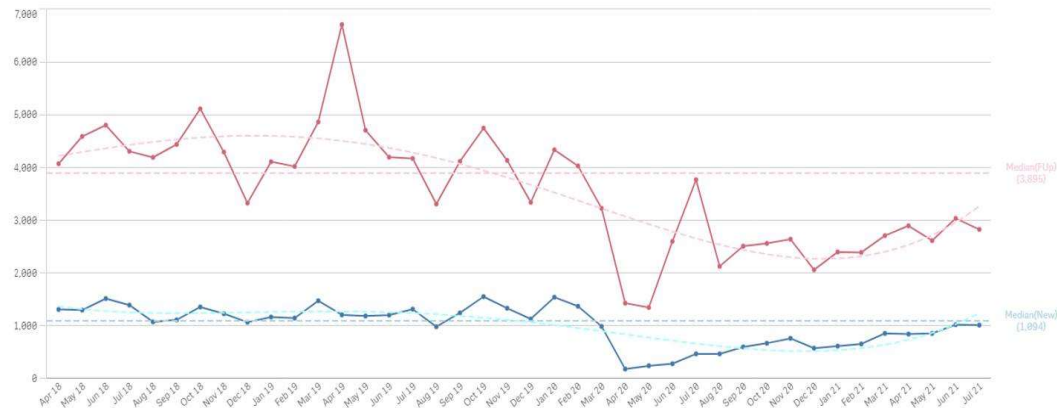
Referrals are considered to be New Direct events.



1.11 As the following chart shows, new outpatient activity was also relatively consistent prior to an initial reduction due to COVID-19, but since returning to close to pre-pandemic levels. Follow up activity remains relatively low, however, and this is impacted by the ongoing restrictions to clinic numbers. This impact is due to ongoing social distancing requirements, which has a particular impact on some Ophthalmology clinics due to the high patient volumes and limited waiting room space. The precise impact varies by clinic and requires further work to quantify (this will be part of the proposed demand and capacity work discussed below), but is estimated to represent in the region of 75% reduction in overall capacity-

New & Follow-Up Attendances by Month

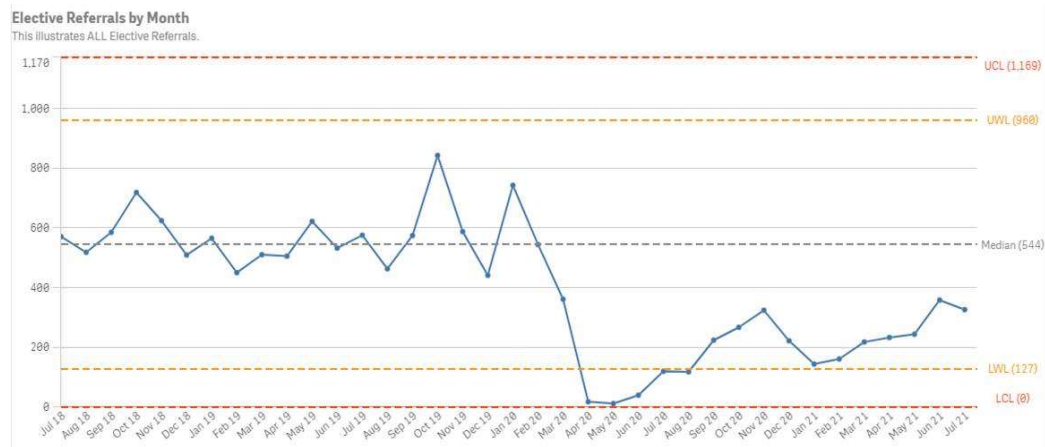
Includes both Direct and Indirect/Non-Contact events.



1.12 The charts above demonstrate that new demand has consistently exceeded activity, leading to increasing waiting lists. Demand and capacity (D&C) profiling was completed at the start of the Planned Care Recovery Programme (PCR) in late March 2021, however this does not reflect the observed data and does not, therefore, provide a reliable projection. The programme of improvement work has also since developed and there is therefore an urgent need to update and refresh the D&C modelling. Additional expertise has been invested in the team to rapidly complete this work as it is expected to significantly increase the recovery capacity, that will now allow that critical work to be completed by mid-September 2021.



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



1.14 Elective activity has also been reduced but is also increasing again. The main constraints are the closure of one theatre in Princess of Wales Hospital (POW) (due to re-open in October 2021, further information in relation to this below), reduced capacity in Royal Glamorgan (RGH) Hospital theatres (although now increasing back towards previous levels) and no access to theatres at Prince Charles Hospital (PCH) which remains ongoing (this is being escalated to seek a resolution). Where clinicians access to theatres has been reduced, they have sought to provide alternative clinical sessions for instance additional clinics at Ysbyty Cwm Rhondda and providing cover for Eye Casualty, however this requires further review that will be progressed (as described under 2.14)-



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

2.1 As the figures above demonstrate, Ophthalmology services are under very significant pressure, leading to long waiting times that ultimately create clinical risk, due to delays in patients being seen, having their condition monitored and receiving the care that they require. In order to seek to address this, a programme of work is being progressed as set out below, aimed at managing demand, improving efficiency and increasing capacity, ultimately aiming to deliver a balanced service. As described above, these will now need to be worked into an updated demand and capacity plan for the service to inform a revised trajectory.

Planned care recovery programme-

2.2 **Approved planned care recovery schemes:** Funding has been approved for the following schemes through planned care recovery funding and are now being implemented, equating to the following additional activity planned 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 recently started in post and will begin 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	278 new patients seen (138 South, 140 North)
	Activity - reduction in stage 1	288	
	Activity - reduction in FUNB overdue	672	0 FUNB seen in the North or South
Cataracts outsourcing	Contracts in place, allocated 20 cases per month with scope to increase if additional funding/capacity available.	240	128 patients notes sent, 38 have had surgery + 12 booked, 26 await outcome of clinic review, 42 booked for clinic, 7 returned, 3 postponed due to COVID More notes to be sent w/c 9 th August 2021

2.3 As the table above shows, the outpatient focussed schemes are ahead of trajectory for new patients but behind trajectory for follow up. Clinician availability is a key constraint and this will be further

impacted by the recent all-Wales guidance regarding payments for additional sessions worked for planned care recovery, setting a rate that is not attractive to the Consultant team. This is not unique to Ophthalmology and has been escalated at Planned Care Recovery Board, where it was confirmed that the Health Board is committing to working within the all-Wales guidance. Outsourcing of Cataracts is progressing and the data will continue to be monitored.

- 2.4 Clearly this additional activity, even if fully delivered, would not be sufficient to clear the waiting lists described, therefore a range of further schemes are being progressed as described in greater detail below. Projected activity associated with these and associated trajectories is summarised at the end of the end of the section.
- 2.5 **Glaucoma ODT development:** A Glaucoma Ophthalmic Diagnostic and Treatment Centre (ODTC) has been developed in Maesteg Hospital. This innovative facility will be staffed by non-registered Health Care Support Worker (HCSW) staff who will collect face-to-face clinical data that will be examined virtually by non-medical professional staff at POW. It is anticipated that the works will be completed during September and that once fully operational, this will provide additional capacity for 60 patients per week (adjusted to 51 if backfill is not possible).
- 2.6 **Glaucoma Consultant business case:** A business case is in the process of being developed seeking funding for additional, dedicated Glaucoma Consultant sessions, in recognition of the long-standing pressures in this area and anticipated growth. A joint post with Cardiff and Vale (C&V) UHB is proposed (two sessions C&V, eight sessions CTM), plus uplift funding to convert an existing Specialist Doctor post to a Consultant. The intention is to reduce reliance on ad-hoc solutions and provide a sustainable service that can meet demand. The cost of this proposal is estimated at £113k per annum, delivering approximately 252 additional procedures per annum plus 336 new and 504 follow up appointments. Given that funding is required for this post, it is not included in the waiting list trajectories.
- 2.7 **Shared care (Glaucoma):** This work stream is being progressed in collaboration with Optometry leads in Primary Care, working to develop shared care pathways for Glaucoma patients. A pathway has been agreed for low risk patients to have their assessment in primary care, with images shared with secondary care clinicians for remote review. Implementation is progressing, with one site in Merthyr Tydfil now operational, two sites due to go live in August 2021 and a final site in the process of having the cabling installed and activated to support image transfer.

At present there is fixed term funding for this, so recurrent funding is required should implementation be successful. Once fully operational, this service will provide capacity to see 400 follow up patients per month, with further work to understand the potential to expand this to new patients once the follow up backlog is cleared and the timing of this.

- 2.8 **Shared care (Diabetic Retinopathy):** In line with the above, this pathway is being developed to allow the assessment of appropriate Diabetic Retinopathy patients in primary care. A service specification and Service Level Agreement (SLA) have been drafted and are waiting comment from the South East Wales Regional Optical Committee. Once approved the documentation will need to be ratified by the Welsh Eye Care Committee prior to implementation. In preparation, a session is planned with consultant and interested optometrists to discuss delivery of proposed scheme and expression of interest will be undertaken for practices to join this. At present there is 12 months funding provided by Welsh Government to support this. A previous audit has identified that there are approximately 1,000 patients on the Diabetic Retinopathy follow up waiting list, of which approximately 600 could be transferred to the community service and these are currently assumed to be staggered into the new service from January 2022. This service would then continue to see a proportion of new referrals and ongoing follow ups thereafter, but would be depending on further funding being approved.
- 2.9 **Theatres POW:** Capacity has been constrained due to theatre staff being required to isolate due to COVID-19. As the guidance has been updated, risk assessments have been expedited to ensure that staff can return safely at the earliest opportunity. Recruitment has also been undertaken for additional theatre staff in order to run the second eye theatre in POW, with two Operating Department Practitioners (ODP) now recruited and due to commence in September/ October 2021. A risk assessment will need to be undertaken closer to the time to determine whether the new staff may be required to support other services e.g. cancer that are also under pressure, depending on 'green' bed capacity. If this capacity is prioritised for Ophthalmology, Consultant job plans will need to be updated to accommodate these sessions, which is not anticipated to present a barrier. This will release four operating days per week, which is intended to be prioritised for Cataracts, with a plan to introduce a high volume/ low risk list each week in addition to three standard lists, therefore delivering a total of 46 additional procedures per week, or 1,932 per year (adjusted to 1,560 if backfill is not possible).

- 2.10 New technology trial:** A bid is being worked up for submission to Welsh Government seeking £150k to support a trial of Inn-Focus Microhunt (IMS) to replace trabeculectomy for glaucoma operations. IMS is a new technology that would be anticipated to reduce the operating time of each procedure by at least 50% and require three fewer follow up appointments post-operatively (reduced from eight to five). If approved, the trial will involve 150 patients, with data from the trial to be collected to inform the longer term adoption of this approach. On this basis, if the trial is successful, this should release capacity for approximately 150 additional procedures and 450 follow up appointments.
- 2.11 Regional plan:** Discussions are ongoing to deliver a regional approach to increasing capacity for cataracts across South East Wales, with a national project manager now in post supporting this work. Following a meeting in June 2021, a commitment has been made to take urgent action, working collaboratively across the region and focussing on developing core capacity with an agreement in principle to work towards developing a regional centre of eye care excellence. The work will be progressed under three specific working groups focussed on workforce, standards and estates. Initially there is a focus on increasing capacity where this can be done relatively quickly e.g. the second Ophthalmology theatre at POW as described above, additional theatre capacity at Nevill Hall Hospital (expected to come on line from February 2022) and the University Hospital of Wales (expected from November 2021). Whilst the principle of regional collaboration has been agreed, it is not clear at this point whether these developments will provide additional capacity for CTM and these discussions will be urgently progressed.
- 2.12** The following sets out the anticipated additional activity from the schemes described above, noting that these are at varying stages of maturity and therefore certainty regarding expected impact-

New outpatient-

Scheme (new OP activity)	Projected new outpatient activity per month						
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
PCR schemes*	56	115	115	115	115	115	115

**assumes that the payment issue re: WLI clinics will be resolved so that Consultant support will continue and that activity continues at the current rate. If funding for the Glaucoma Consultant business case is approved then this will deliver further additional activity, although not likely to be until 2022/23.*

Inpatient

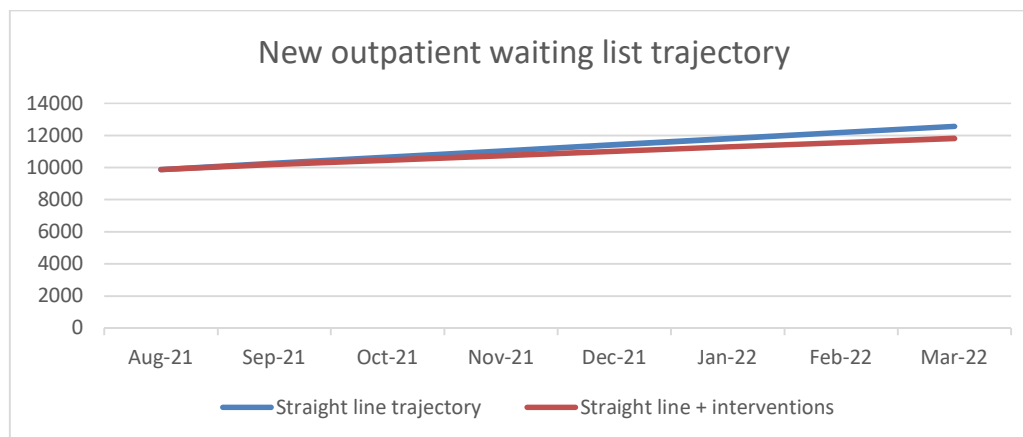
Scheme (inpatient activity)	Projected inpatient activity per month						
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
POW 2nd theatre		80	161	161	161	161	161
Microhunt		25	25	25	25	25	25
Additional inpatient activity		105	186	186	186	186	186

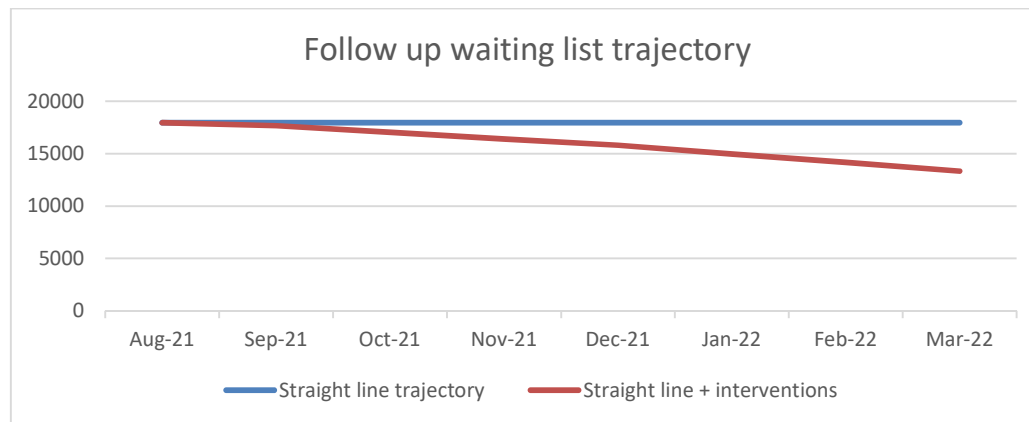
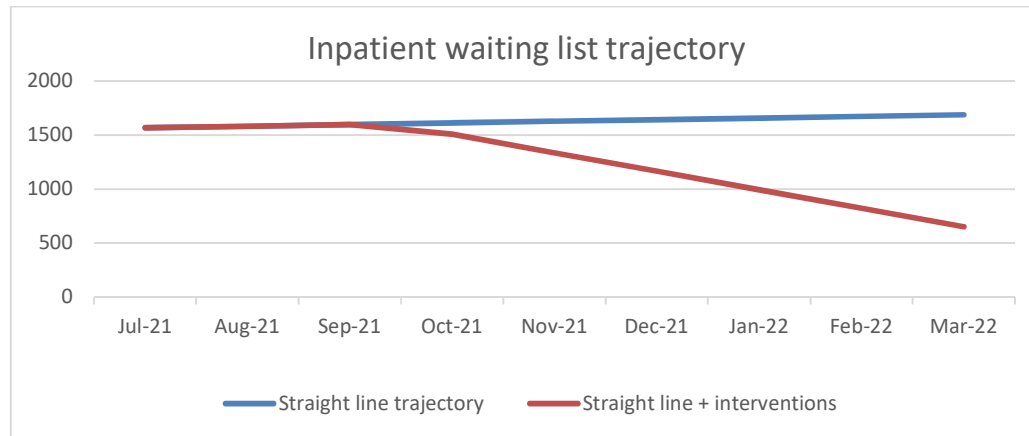
Follow up-

Scheme	Projected f/up activity per month						
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
PCR schemes*	0	0	25	25	25	25	25
Mesteg ODTC	120	240	240	240	240	240	240
Shared care Glaucoma	200	400	400	400	400	400	400
Shared care DR					200	200	200
Total extra f/up activity	506.5	706.5	706.5	706.5	906.5	906.5	906.5

*assumes that any future WLI clinics will be focussed on new activity as has been the case to date

- 2.13 Based on the above, the following trajectories have been developed. 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-





2.14 As the above demonstrates, should the additional schemes be successfully delivered, it is projected that there will be reductions in the inpatient and follow up waiting lists. Whilst the rate of growth of the new outpatient waiting list will slow, it is projected to continue to grow and it is clear, therefore, that further targeted intervention will be required in this area. Further actions will therefore be urgently progressed in this area including the following-

- Review all clinic templates to ensure that these are being maximised, where constraints are identified seek to address
- Review Consultant job plans to ensure that clinical capacity is being maximised, including seeking to re-allocate any clinical sessions that cannot currently be fully used e.g where other session are reduced/ cancelled
- Seek for Ophthalmology to be prioritised for the Health Board's waiting list validation scheme as part of PCR (currently being piloted in other service areas until mid-September)
- Review any further potential schemes to be progressed under PCR to increase new patient capacity

2.15 As described above, however, a full and detailed demand and capacity refresh is required in order to provide a definitive future



trajectory of the Ophthalmology waiting lists, this work will be urgently prioritised.

Wider service developments-

- 2.16 The following projects are being progressed in order to improve the overall quality and safety of the service. At present they are not anticipated to deliver activity gains and so are not incorporated into the modelling above-
- 2.17 **Open Eyes (national electronic patient record):** The Health Board is committed to implementing the national electronic patient record, Open Eyes, with a roll out plan in place and servers installed to support this, with testing under way. A training programme is also being progressed. A workshop was undertaken on the 14 August 2021 with a range of stakeholders to map out patient journeys and to understand how they are managed and the information flows that are required to support these. Implementation is planned for October 2021, although noting the significant work required in order to deliver this. Activity benefits are not currently anticipated however enhanced image sharing will support work streams such as shared care as described above and will enhance patient safety and experience when moving between services.
- 2.18 **Streamlining pre-assessment process:** In line with the National Planned Care pathways, a Cataract pathway is being developed through a dedicated task and finish group that was established in May 2021. The key area of focus for this work stream is on the establishment of a one-stop pre-assessment service. This is not expected to deliver additional activity that will impact on waiting lists, but will improve efficiency by ensuring that sufficient volumes of patients are pre-assessed and ready to populate the additional inpatient activity that is projected above.
- 2.19 **Investment in equipment:** There has been investment in new equipment within the service, with funding for a new Optical Coherence Tomography system (OCT) in POW as well as new retinal cameras for both POW and Maesteg. This new equipment supports the delivery of high quality care, as well as networking in preparation for Open Eyes as set out above and brings the service within Bridgend in line with the rest of the Health Board.
- 2.20 **Orthoptic service POW:** Aside from core Orthoptic and Paediatric clinics, the Orthoptic team at POW are responsible for the delivery of a range of extended scope services, including hospital based glaucoma service, Stroke visual assessment and rehabilitation advice, Botulinum toxin treatment and a visual function clinic (the

only service of its kind in Wales). A process is ongoing to introduce an Orthoptic Lead across the Health Board to ensure consistency of approach and that any learning is applied across all areas.

- 2.21 **Independent Prescribing Optometry Scheme:** This service has been running since October 2020 and allows qualified optometrists to treat urgent patients referred from Eye Casualty that cannot be managed by other providers. There are currently nine optometrists providing the service across CTM and more in training, with over 1,500 patients seen, avoiding onward referral to their GP or secondary care. The scheme does not have a confirmed funding stream and so this will need to be resolved going forward.

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

- 3.1 As highlighted above, there are a wide range of work streams being progressed in order to maximise efficiency and activity within the service and ultimately improve waiting times. The number of patients waiting, however, is very large and further work is required in order to update the demand and capacity position, incorporating all of the schemes described above and the latest data, so that a detailed trajectory for improvement can be agreed. Constraints associated with COVID-19 continue to impact on the service, for instance reduced clinic capacity due to social distancing and access to theatres, and this will also need to be incorporated into projections. The recent pay circular regarding Consultant payments for additional sessions may also impact on willingness to support extra clinics going forward. As noted above, this has been discussed at Planned Care Recovery Board with confirmation of the Health Board's intent to work within the all-Wales guidance.
- 3.2 Aside from the underlying capacity gap as described above and the associated work streams, there are a number of ongoing risks in relation to the delivery of services that are continuing to be managed, which were brought to the attention of quality and safety committee members in August 2021. The paper also noted that the Royal College of Ophthalmologists has been invited to undertake an independent review within CTM for which terms of reference have been agreed and initial information has been provided, their feedback regarding next steps is now awaited. This is in addition to the Royal College being commissioned by Welsh Government to undertake an all-Wales review of Ophthalmology services, the feedback from which is awaited following their review of CTM. It is anticipated that the feedback from these reviews and associated improvement plan will also form part of the work programme described.



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 is asked to **NOTE** the content of this report