

NHS eye care services in Wales:

What improvements have health boards made?

January 2020



**CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL**

BWRDD CYMRU | WALES BOARD

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Introduction

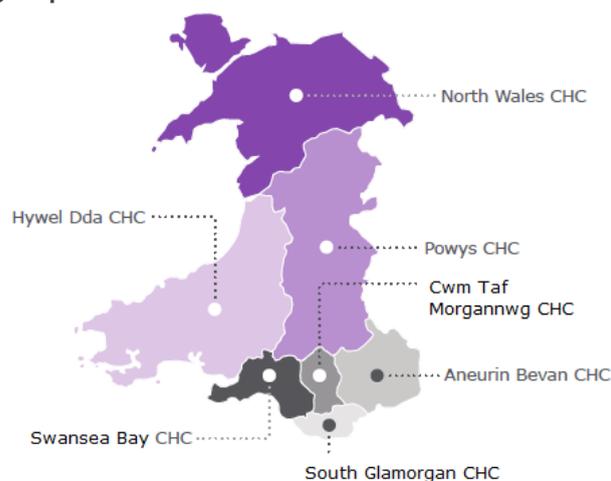
This report has been produced by the Board of Community Health Councils on behalf of the 7 Community Health Councils (CHCs) in Wales.

CHCs are the independent watchdog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families and carers through our enquiries service, complaints advocacy service, visiting activities and through public and patient surveys.

Each of the 7 CHCs in Wales represents the “patient voice” within their respective geographical areas.



This report sets out the progress reported by NHS bodies to improve eye care services across Wales since we first reported what people told us about their experiences in 2016.

What we did

According to the NHS in Wales, nearly **111,000** people in Wales are living with sight loss. This is estimated to increase by a third by 2030 and double by 2050.



In 2016, 6 Community Health Councils (CHCs) in Wales (excluding Cwm Taf Community Health Council) asked people attending NHS eye clinics what they thought about the service they were receiving. We did this because we had heard that people were waiting too long to get the treatment they needed for their eye condition.

We reported what people told us in a national report “National Ophthalmology (eye-care) Patient Experience Review” published in July 2016¹.

¹ <http://www.wales.nhs.uk/sitesplus/899/opendoc/297139>

The key national themes we identified in 2016 were:

- Most people were happy with the eye care treatment they received locally in the community (primary care) and in hospital
- Most people were very happy with the approach, attitude and treatment by healthcare professionals – although a few thought that the attitude of some consultants could be better
- Some people thought they had to wait too long to be seen when attending an eye care clinic
- Some people thought they had to travel too far to attend an eye clinic, and when they got there parking was often difficult
- Some people felt that appointment arrangements could be improved and were concerned about cancelled appointments
- Some people thought communication and information could be clearer. This included when healthcare professionals were explaining their eye condition and treatment options, and what to do if they had worries or concerns about their condition or treatment
- Some people had concerns about 'continuity of care' and seeing lots of different healthcare professionals
- Some people who needed on-going treatment were worried about how long they had to wait for follow up appointments.

CHCs asked each of the 6 health boards to make improvements in response to the things people said about the services in their area.

In 2017, Cwm Taf CHC (now Cwm Taf Morgannwg CHC) also asked people in their area what they thought about eye care services. Their feedback was similar to the things people raised in other parts of Wales.

Since then, CHCs have heard some continued concerns about the problems being faced by people on waiting lists for eye care treatment.

These concerns were not only about first appointments, but follow up appointments. This is because regular reviews or treatment might be needed to make sure a person's sight improves or to reduce the risk of avoidable blindness.



This led to the introduction in April 2019 by the Welsh Government of a new measure designed to make sure that new and existing patients are seen or treated within an agreed timeframe based on their clinical condition.



The Welsh Government has said that the main purpose of the measure is “to ensure that:

- All individuals who are referred to hospital for ophthalmology will have a maximum waiting time which is based on a clinical assessment of their condition and well-being; and
- All ophthalmology patients who require regular ongoing review or treatment will be seen within clinically-indicated intervals, which are also based on their condition and well-being, and should be reviewed at each appointment”.

In June 2019 CHCs asked each health board in Wales to tell us what it had done to improve eye care services since our earlier report.

What we found

Improvement actions - common themes across Wales

All 7 health boards told us what they had done and what they were still planning to do to improve their eye care services.

Unsurprisingly, the introduction of the new national eye care measure had led to a number of consistent actions across Wales. This included reviews of the eye-care 'pathways' and new ways of delivering services closer to people's homes.

The development of new approaches

Health boards reported a range of new approaches designed to improve eye care services across Wales. The most common of these included:

Digital communications

A number of health boards reported the introduction of automated booking systems and text reminder services for new and follow-up patients.

Some areas were already able to demonstrate more people are attending their appointments.

National digitisation of service-user records

Health boards told us about the digitisation of medical records. This is designed to share patient information easily across all parts of the NHS so that patients don't have to repeatedly share the same information with different healthcare professionals.

Community-led service units

Some health boards have opened Ophthalmic Diagnostic Treatment Centres (ODTCs) in their areas. They told us this meant that for some people they don't need to attend hospital.

Instead, they can attend their first or regular appointments closer to home. This included people with conditions such as glaucoma, Age-related Macular Degeneration (AMD) and diabetic retinopathy.

These changes have also meant that specialist consultants time can be better used.

Outsourcing services

Some health boards told us they had provided people with an option to have their follow up appointments 'outsourced' with independent eye-care services.

People who choose this option may be seen more quickly than they would if they wanted to wait for their regular service.

Local eye-care groups

Each health board told us they had introduced eye-care groups in some form. These internal groups monitor the performance of the service and aim to listen and learn from patient feedback and outcomes.

What's happening locally

The following section sets out the progress reported by individual health boards.

Aneurin Bevan University Health Board

What we said needed to get better

The health board should share patient feedback:

- ☺ highly positive patient satisfaction around their overall clinical experience
- ☺ highly positive patient satisfaction around inpatient experiences
- ☺ with primary care providers about the need to ensure that patients fully understand the suspected problem with their eyes and that they feel involved in decisions made around their care

The health board should consider patient feedback around:

- ☺ follow up appointments not taking

Progress reported by the health board

Community-led services

- ☺ To improve service user access to appointments for the condition of Glaucoma, the Gwent area now has six Ophthalmic Diagnostic Treatment Centres (ODTCs) open with a community clinic setting.

These centres can review new and follow-up patients in a setting closer to the patients' home and reduces the need to attend a hospital environment.

- ☺ A new community based Wet-AMD service is available in the Newport area and also within two hospital clinics (Nevill Hall Hospital and Ysbyty Ystrad Fawr).

The health board has identified that the demand on this particular service is increasing and has resulted in follow-up delays due to capacity constraints. The health board said that this is being off-set to some degree by utilizing the "Treat and extend" protocol.

The health board is writing a business case to request resources to increase capacity; this includes a review of the resources required

place on time

- ⌚ cancelled first and follow-up appointments
- ⌚ experiencing unnecessary delays for first and follow-up appointments
- ⌚ telephone access to booking clerks e.g. quicker responses
- ⌚ feeling listened to and involved in decisions made around their care
- ⌚ some eye clinics appear "overbooked"

The health board should ensure all patients:

- received enough information to consent to treatments.
- are advised of what to do if they have any concerns or worries about their condition or treatments.

for Nurse Injectors. It is hoped that this additional resource will improve access for Wet-AMD patients and reduce follow-up delays.

- ⌚ The health board said that continual feedback is gathered and a 98% patient satisfaction rate has been found with regards to ODTs.

Extended roles

- ⌚ To improve service user access to clinical reviews and prescriptions, optometrists are being trained to become independent prescribers. This provides a one-stop service to some patients and also releases Consultant capacity and activity.

Digital communications

- ⌚ The health board has introduced the Dr-Doctor text reminder service to improve communication with service users and offer reminders of scheduled appointments. A review of this service has shown there has been a 9% reduction in missed appointments slots.

New ways of working

- ⌚ The health board has introduced a Primary Care Macular Referral Refinement Service, which has improved the quality of primary care referrals and has reduced the need of inappropriate referrals being called for a review within the secondary care eye services.

- ☺ To improve service capacity and activity, the health board has been successful in recruiting Consultants with more adverts to follow for general/Cataract surgeon and emergency eye services.
- ☺ The Health Board currently operates **an outsourcing initiative** to improve waits for patients who wish to accept the offer of an appointment with Care UK. Patient feedback is sought for this service and appears to find “excellent” service user feedback.
- ☺ To improve access to the booking clerks via telephone, the booking service is now co-located within the Directorate to improve access to service users and communication within the team.

Communication with service users

- ☺ The health board has a well-established Eye-Care group in place, which includes representatives from the RNIB (Royal National Institute of Blind People)² to advise on patient inclusion and communication. Specific improvements to patient communication includes;
 - The health board’s website for eye care services is nearing completion.
 - Explanation videos will be developed for specific eye conditions to support patient information and understanding.

² <https://www.rnib.org.uk/>

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|--|---|
| | <ul style="list-style-type: none">○ New guidance has been received regarding consent. The new guidance ensures patients are given and receive sufficient information about their treatment or surgery options.○ Leaflet handouts are given to patients to explain what to do if they have any worries about their care or condition.○ The recommendation to feedback to Primary Care was delivered through the collaborative groups to ensure that patients fully understand why they are being referred on to the eye-care service and that the patient is involved in making that decision. |
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What else needs to happen now?

The health board needs to take action to better meet demand within the Wet-AMD service

Betsi Cadwaladr University Health Board

What we said needed to get better

The health board should share patient feedback:

- ⌚ about satisfaction with the booking of first appointments
- ⌚ around feeling listened to, but note the comments around having the opportunity to talk and also an individual's concern of experiencing pain
- ⌚ about high patient satisfaction around being involved in decisions but note some comments around "plain speaking" and "explaining more"
- ⌚ around high levels of satisfaction for receiving enough information to consent to treatments
- ⌚ about high levels of satisfaction around diagnosis being fully explained to patients, but note the comment/suggestion of

Progress reported by the health board

Community-led services

- ⌚ New Ophthalmic pathways such as; optometric follow-up post cataract procedure have been designed to minimise the number of hospital site visits required and therefore delivering follow-up care closer to the patients' home.

New ways of working

- ⌚ The health board has been working with the Welsh Government's Planned Care Programme to reduce hospital initiated cancellations but provided no further impact analysis to demonstrated a reduction in the cancellations for patients.
- ⌚ Delivery of Integrated Pathways, which will maximise effectiveness and reduce delays for patients, has commenced. These pathways optimise the use of clinical time and skills to enable timelier access to services.
- ⌚ As part of the new national Eye-care measures, the health board commenced risk factor bookings in June 2019, and are working to address the current backlog of patients.

Communication with service users

patient information leaflets

- ☺ about high levels of patient satisfaction around their clinical experiences however, some individual concerns should be considered

- ☺ around inpatient experiences.

The health board should consider patient feedback around:

- ☺ follow-up appointments not taking place on time
- ☺ the cancellation of first and follow-up appointments
- ☺ experiencing unnecessary delays for first and follow-up appointments.

The health board should ensure:

- ☺ all patients are advised of what to do if they have concerns or worries about their condition or treatment

- ☺ To improve the level of communication and information sharing with patients the health board reported:

- An increase of communication with patients is being delivered via post-clinic letters for referring to following patients' clinic attendance.
- The health board is looking to develop information resources for patients following the redesign of the Cataract pathway.
- The health board explained that points of contact are given to patients at appointments and also the contact details for the RNIB helpline.
- A refresher session is to take place with Primary Care providers about specific conditions information leaflets for patients i.e. Cataract information leaflet to be given to the patient at the point of referral and again within the Health Board's acknowledgment letter to the patient. Audio/Audio-visual formats of information are being explored.
- Videos and media content for clinic waiting areas are being developed (specific to cataract clinics).
- EIDO (condition specific) information leaflets are routinely shared within clinics and prompts are given throughout a

Primary care providers offer enough information to patients around the suspected problem with their eyes and ensure that patients feel listened to.

patients' pathway to check understanding. (EIDO are an organisation that provide model patient leaflets).

What else needs to happen now?

The health board needs to share with its CHC what patient experience measures are in place for monitoring and responding to patient feedback.

Cardiff & Vale of Glamorgan University Health Board

What we said needed to get better

The health board should share patient feedback:

- ☺ About patient satisfaction with their clinical experiences (but also note comments around cancelled operations and treatment time scales).
- ☺ About highly positive inpatient experiences
- ☺ that patients felt involved in decisions made around their care during their first appointments
- ☺ that healthcare professionals fully explained conditions to patients in a way they could understand.

The health board should consider:

- ☺ patient feedback around follow-up appointments not taking place on time
- ☺ the views of some patients who felt that first appointments and follow-up appointments were

Progress reported by the health board

Community-led services

- ☺ To support timely access to follow-up reviews, the University Health Board has increased capacity in the community setting for follow-up clinics in the specialties of AMD, Glaucoma and diabetic Retinopathy.

New ways of working

- ☺ In relation to patient feedback about follow-up appointment delays and the introduction of the new All Wales Eye-care Measures, the University Health Board has introduced a robust data management system to identify patients due to be seen and priorities their appointment in line with their risk rating.

Digital Communication

- ☺ A fully automated booking and text reminder service is in place for new patients and text reminders are in place for follow-up patients. A review of this service has shown an improvement in attendances and better utilisation of appointment slots.

Learning from concerns and service user engagement

subject to unnecessary delays and that this resulted in some dissatisfaction with the appointment booking process and waiting times

- ☺ the views of some patients who felt that they were not involved in decisions during their follow-up appointments

The health board should ensure:

- ☺ all patients feel listened to
- ☺ all patients are advised of what to do if they have any concerns or worries about their condition or treatment.
- ☺ all patients are treated sympathetically.

- ☺ The health board actively review concerns and complaints raised by patients about cancellations to prompt quick learning and improvements where necessary and possible
- ☺ To ensure that patients feel listened to, the health board has introduced the "2 minutes of your time" patient questionnaire. The patient feedback and satisfaction results are reported to and monitored by the Health Board's QSE.
- ☺ There are plans going forward to roll out the patient satisfaction survey to all out-patient areas (including Ophthalmology) which will then be summarised in to a "You said, We did" format for displaying in public areas.

Communication with service users

- ☺ To ensure that patients are advised of a point of contact should they have any worries, the health board has introduced "support letters", which sets out what an individual needs to do if they have any concerns.
- ☺ To increase patient information resources, the health board's ophthalmology website offers detailed information on clinical advice.

What else needs to happen now?

The health board needs to share with its CHC the impact of offering additional community-based services and the level of patient satisfaction in this area.

Cwm Taf Morganwg University Health Board

What we said needed to get better

- ☺ Ensure that all patients are informed of what to do if they have any concerns or worries around their condition or treatment.
- ☺ Share with Primary Care providers the national patient feedback around offering adequate information/ explanation to patients about the suspected problem with their eyes.
- ☺ Patients that use buses described difficulties in having to take more than one bus to get to clinic. The difficulty encountered by car users is the availability of car parking spaces.
- ☺ Reinforce to clinical staff the importance of sharing information with patients about their treatment to include side effects of treatment.

Progress reported by the health board

New ways of working

- ☺ To improve the timely review of follow-up patients, the health board has commissioned an **outsourcing initiative**. Follow-up patients are reviewed and letters are sent to them to offer an outsourced review, with further information about who to contact about their follow-up. The health board acknowledges that performance in this area "remains a considerable concern and is a national concern".
- ☺ The health board holds regular Referral to Treatment Time (RTT) meetings, and reports are submitted to the Clinical Business Meeting. A "follow-up appointment project board" has been introduced to monitor follow-up patients and their pathways.
- ☺ As of 2017-18 – no patient waited more than 12 months for their first appointment. As at July 2018, no patient was waiting over 36 weeks for their first appointment, this was maintained to the 31st March 2019.
- ☺ The health board is now fully committed to moving its waiting time performance to the new Health Risk Factors standards and reporting has just commenced with Welsh Government in June 2019.

- ❧ Consider how the role of the Eye-Care Liaison Officers (ECLO) could be better advertised so that patients can access this resource as the minority of patients who knew about it described to the CHC as very helpful.
- ❧ Ensure that information leaflets are shared with patients either in hard copy or electronically.
- ❧ Consider including information about estimated waiting times whilst in the Clinic waiting room in either the Patient Information leaflets or via other means of communicating with patients.
- ❧ Share information with patients about the prioritisation of their appointment and current projected timescales before they can be seen.
- ❧ The health board has made some progress in reducing waiting times for first appointments with 63% of

Parking access

- ❧ Access to parking at the Royal Glamorgan and Prince Charles Hospitals has been increased with additional car park spaces, however, this has not totally resolved the difficulty. Transport concerns will continue to be picked up where identified via the Equality Impact Assessments (EQIA).

Communication with service users

- ❧ To ensure that patients receive information about their treatments and any side effects, this recommendation was highlighted to clinicians via their sub-directorate meetings.
- ❧ Clinical staff were reminded at their sub-directorate meetings to be vigilant in offering service users information in relation to the Eye Care Liaison Officers. The CHC were informed that patient information leaflets had also been updated with this information.
- ❧ All patient information leaflets were reviewed at the health boards **Eye Healthcare group** to ensure they were up to date. Clinic rooms will be checked regularly to ensure adequate stocks and availability.
- ❧ The health board has explained that should patients wish to find out about the potential waiting times within clinics, this information can be sought via telephone for up to date

those surveyed confirming that they had not waited for more than 6 months to be seen.

- ❏ Nevertheless this does leave 37% of patients waiting for more than 6 months for a first appointment. Some patients report having waited longer than 1 year for their first appointment.
- ❏ A few patients in their additional comments identified an issue in relation to the availability of their patient files which they consider led to delay in their treatment. Clarify whether there are any issues in relation to the availability of patient files and assure itself that appropriate systems are in place to avoid any delays to treatment that might arise as a result of this issue.
- ❏ Some patients informed us that their eye conditions had deteriorated whilst they were on a waiting list for follow-up appointments.

estimations, as waiting times vary on a day to day basis, written literature would not always reflect an accurate estimation.

- ❏ Six monthly communications with patients will be undertaken as part of the "Follow-up appointment" project.

What else needs to happen now?	

The health board needs to continue to discuss with its CHC its eye care developments and its impact on waiting times for people. Patient satisfaction relating to the quality of the information given to patients at clinics in relation to their treatments or any side effects should also be kept under review.

What we said needed to get better	Progress reported by the health board
<p>The health board should share the highly positive feedback around:</p> <ul style="list-style-type: none"> 🕒 patients feeling listened to (noting one individual’s comments around the perceived attitude of the Consultant and information given) 🕒 patients feeling involved in decisions made around their care, but noting the comments of some who did not feel involved 🕒 patients receiving full explanations of their condition but again note the comments of one individual who raised concerns 🕒 patients being treated with respect, sympathy and with interest 🕒 clinical experiences. <p>The health board should consider patient comments and feedback around:</p>	<p>New ways of working</p> <ul style="list-style-type: none"> 🕒 To address any “Follow-ups not booked” the health board has established an escalation process via the Ophthalmology validation process to identify those at highest risk of avoidable harm. This can involve a clinical and administrative review supported by a Primary Care Assessment and can lead to urgent clinics being established where appropriate. This process has now been complemented by the development of Ophthalmic Diagnostic Treatment Centres (ODTC) across the region from January 2018. 🕒 Since the introduction of an NHS locum consultant in the IVT (Intravitreal injection) clinics, there had been a marked reduction in the number of cancelled clinics. 🕒 A primary care refresher has been shared via the Regional Optometric Committee regarding the need to prompt referral to secondary care when necessary. This now forms part of the new Optometric Triage Service, which was introduced in April 2017. <p>Communication with service users</p> <ul style="list-style-type: none"> 🕒 The health board has stated that the aim in 2019 is to reduce hospital initiated cancellations, to support this; <ul style="list-style-type: none"> ○ The health board has established a clear communications plan

- ❏ follow-up appointments not taking place on time
- ❏ cancelled first and follow-up appointments (and operations)
- ❏ first and follow-up appointments being subject to unreasonable delays.

The health board should ensure all patients:

- ❏ receive enough information to consent to treatments
- ❏ are advised of what to do if they have any concerns or worries about their condition or treatment

The health board should:

- ❏ Share with primary care providers the need for prompt referral to secondary care.
- ❏ Primary care providers should ensure that patients feel involved in

to ensure that patients contacting it are contacted promptly to ensure they are seen as soon as possible.

- A new appointment text reminder service is being explored.

- ❏ Since the CHC's patient experience review, the health board's Eye Department has established a system with the patient concerns team to immediately contact people to discuss the concerns people have about any delays they are experiencing. It is envisaged that this will be mainstreamed across the health board to include greater contact with the central appointments system.

- ❏ Revised consent procedures are now in place for IVT and Cataract surgery to ensure that patients are given enough information about the treatment and procedure. This will be audited regularly for compliance.

Community-led services

- ❏ As highlighted above, the health board has introduced a community-led service via the opening of ODCTs. A particular function of this is to support the Glaucoma Assessment system (for recurrent community based follow-up appointments). This releases secondary care service and therefore improves timely follow-ups for patients.

Learning from concerns

- ❏ The health board advised that it actively looks to learn from concerns

decisions made around their care.

raised and that these concerns are routinely shared in the quarterly **Eye Care Collaborative Group and** Quality Safety & Experience Assurance Committee.

What else needs to happen now?

The health board needs to continue to discuss with its CHC its eye care developments and its impact on waiting times and cancellations. The learning from concerns and complaints should be regularly shared and discussed to make sure this leads to continued improvement.

Powys Teaching Health Board	
What we said needed to get better	Progress reported by the health board
<p>The health board should share the highly positive feedback around:</p> <ul style="list-style-type: none"> ☺ follow-up appointments took place on time and were not subject to unnecessary delays despite some cancellations ☺ the appointments booking process for first appointments but note an individual's comments around cross-border issues ☺ people feeling listened to (noting an individual's comments around attitudes) ☺ feeling involved in decisions made around care ☺ feeling that eye conditions were fully explained ☺ receiving enough information to 	<p>Learning from patient comments</p> <ul style="list-style-type: none"> ☺ The health board confirmed that the multiple points of high patient satisfaction were shared within the Mid and South Powys LGM and with operational team members. The health board strives to uphold the standards in the areas highlighted. Some previous comments regarding a consultant's attitude were investigated and the Health Board confirm this doctor no longer visits the Powys area. <p>New ways of working</p> <ul style="list-style-type: none"> ☺ In response to some comments from patients regarding a feeling that a small number of first appointments had been cancelled or delayed, the health board has said it strives to avoid cancelled appointments, but this does sometimes occur for a number of reasons, including the inability of an in-reach consultant (from an external provider) to attend a pre-arranged clinic. <p>Communication with service users</p> <ul style="list-style-type: none"> ☺ In relation to ensuring that patients are offered advice on what to do if they have any concerns or worries about their condition or treatment, the health board has said that this was shared with the operational team members. North Powys LGM responded with details

consent to treatments

- ☺ peoples clinical experiences

- ☺ the information received from and feeling listened to by primary care providers.

The health board should consider:

- ☺ patient comments around cancelled first appointments and feelings that these were subject to unnecessary delays.

The health board should ensure:

- ☺ all patients are offered advice on what to do if they have any concerns or worries about their condition or treatment.

of how patient concerns are dealt with by staff, but no further details about this were shared with us.

It is important to highlight that the 2016 patient experience review highlighted very high levels of patient satisfaction in multiple areas, except for a few individual comments offered by service users at the time. It is encouraging to report that this high satisfaction was shared throughout the area and individual comments were investigated where possible.

What else needs to happen now?

The health board needs to share and discuss with its CHC its patient experience feedback and measures to make sure the positive experiences shared by most patients continue.

Swansea Bay University Health Board

What we said needed to get better	Progress reported by the health board
<ul style="list-style-type: none"> ❏ Consider the Patient feedback in relation to cancelled follow-up appointments and Patient views that some first appointments and follow-up appointments are subject to unnecessary delays. ❏ Share the positive feedback that Patients did feel listened to and felt involved in decisions made around their care by the Secondary Care health professionals. ❏ Share 100% positive feedback that patients felt their conditions were explained fully and in a way they could understand. ❏ Ensure that all patients are informed of what to do if they have any concerns or worries around their condition or treatment. ❏ Share the highly positive patient feedback around inpatient 	<p>Community-led services</p> <ul style="list-style-type: none"> ❏ A Glaucoma service is now provided within the Swansea area to assist in offering patients appointments that are closer to home and avoiding the need to attend a hospital setting for appointments. <p>New ways of working</p> <ul style="list-style-type: none"> ❏ To ensure adequate service provision within the hospital setting for clinics and appointments and in order to avoid delays or cancellations, the Directorate now undertakes 6-week annual leave monitoring to ensure adequate provision. Any leave requested by clinicians with under 6 weeks' notice are only sanctioned in special circumstances. ❏ The health board is aiming to recruit additional practitioners to release doctors for urgent or specialist clinics. It is hoped that this will also reduce clinic cancellations. ❏ The health board has also gained 2 additional rooms this year due to the relocation of the Diabetic Screening Service, which has enabled it to increase capacity and also increase the number of Vision Lanes in the department. ❏ The health board acknowledges that current delays in the service are due to a lack of capacity to meet demand. It says that plans are in

experiences.

- Share with primary care providers the patient feedback around offering adequate information/explanation to patients about the suspected problem with their eyes and ensuring that all patients feel listened to and involved in decisions made around their care.

place to address the backlog, such as recruitment etc.

Communication with service users

- People who may have concerns or worries about their condition or treatment are directed to the hospitals PALS (Patient Advice and Liaison) team via posters within the eye department.
- To ensure that patients are adequately informed of the reasons for their referral into secondary care services, feedback was delivered to Primary Care providers via their cluster group meetings. This work will also form part of the role of the Optometric Advisor who has been in post since 2016.

What else needs to happen now?

The health board needs to share and discuss with its CHC the detailed plans it has in place to address long waiting times, as well as its action to address concerns about what people should do if they have worries about their condition or treatment.

Are people still waiting too long for appointments?

We looked at the information published by the Welsh Government to see if the action taken by health boards is leading to improvements in how long people have to wait for their care and treatment.

The table below shows that between April 2016 and March 2019 things got better for people waiting for their first appointment. Less people waited over 36 weeks.

	Waiting up to 26 weeks	Waiting between 26 to 36 weeks	Waiting over 36 weeks
2016/2017	80%	13%	7%
2017/2018	80%	15%	5%
2018/2019	84%	14%	2%

All-Wales eye care measures

Since April 2019 the Welsh Government has been monitoring the performance of eye care services against new measures³.

The measures identify performance for first appointments (new) and appointments for people who need on-going care and treatment for their eye conditions (follow-up).

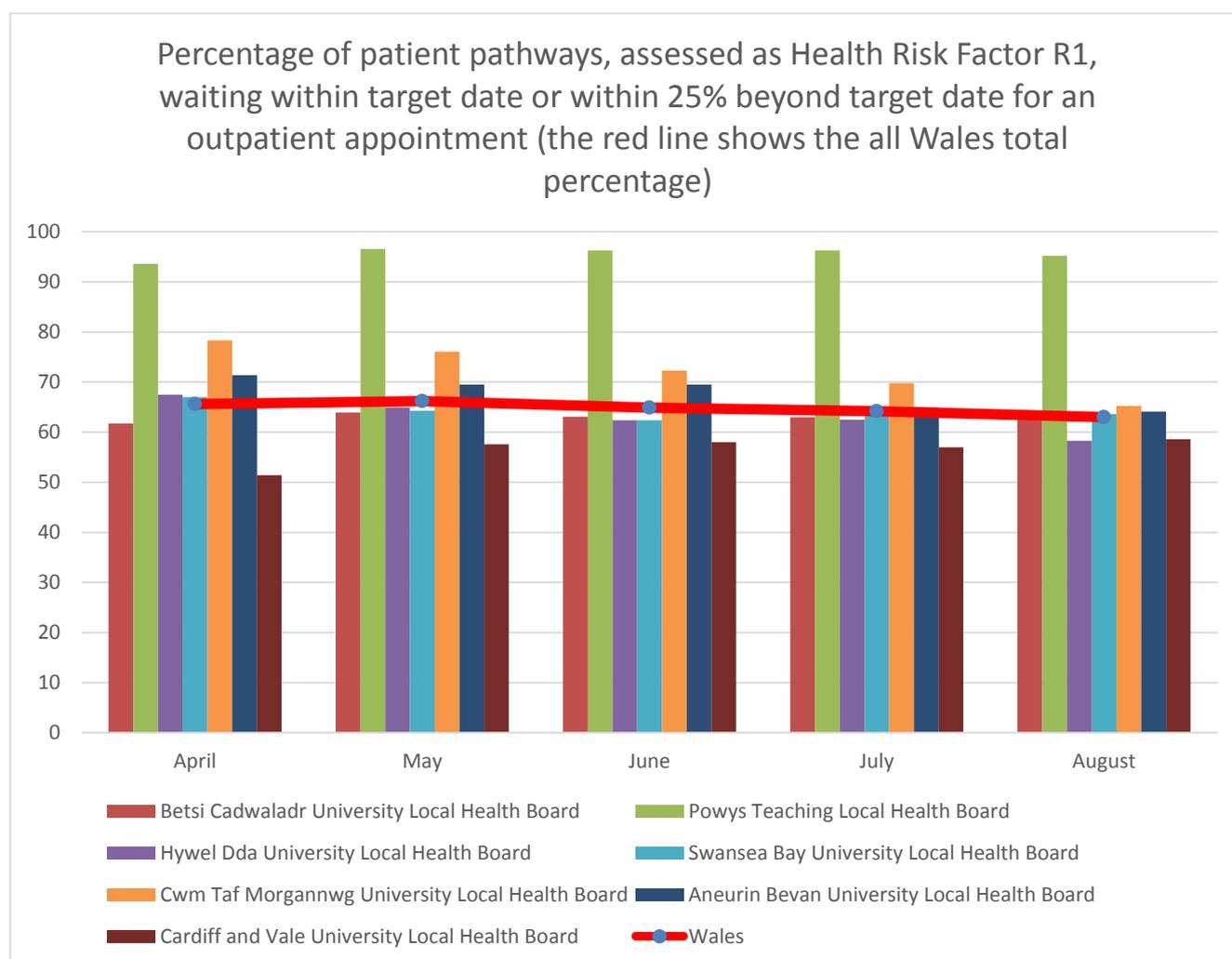
Target dates for appointments are based upon clinical assessments of peoples' condition and well-being. The measures track how well NHS bodies are performing for people who are assessed as being "at **risk**

³ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Eye-care/eyecaremeasuresforhsooutpatients>

of irreversible harm or significant adverse outcome⁴ if they are not seen within their target times.

The table and graph below show the performance across Wales since the introduction of the new measures.

	April 2019	May 2019	June 2019	July 2019	August 2019
Total number of people assessed as Health Risk Factor R1	100,223	104,095	109,021	110,735	113,132
Number and % of people above waiting within their target date ⁵	65,703 65.6 %	68,908 66.2 %	70,798 64.9 %	71,044 64.2 %	71,278 63 %



⁴ Health Risk Factor R1

⁵ Or within 25% beyond target date for an outpatient appointment

The way the figures are presented means it's not clear what proportion of people are waiting within their target times or outside that target time by within 25%. Neither is it clear what being outside that target time but within 25% may mean in terms of potential harm.

What the figures do show is that around a third of people identified as being at risk across Wales if they are not seen within their target times have waited too long for their appointment.

There are differences in performance in different parts of Wales. People living in Powys were more likely to be seen within their target times than people living in other parts of Wales.

Aneurin Bevan, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay University Health Boards have seen their performance get worse against the targets between April and August 2019.

Aneurin Bevan, Cwm Taf Morgannwg and Hywel Dda Health Boards have seen a significant increase in demand during the same period (as shown in the graph below).

Betsi Cadwaladr, Cardiff and Vale University Health Boards and Powys Teaching Local Health Boards have improved their performance over the same period.

	April 2019	August 2019
Aneurin Bevan	11,539 71.5 %	16,053 64.1 %
Betsi Cadwaladr	29,519 61.7 %	29,666 63.5 %
Cardiff and Vale	16,133 51.4 %	16,150 58.6 %
Cwm Taf Morgannwg	15,896 78.3 %	19,719 65.2 %
Hywel Dda	9,351 67.5 %	12,636 58.3 %
Powys	1,102 93.6 %	1,426 95.5 %
Swansea Bay	16,683 67 %	17,482 63.6 %

Number of people	Percentage of people
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Summing up

Too many people are still waiting too long to access the eye care services they need. According to the Welsh Government's new measures this means that, in August 2019, over 40,000 people in Wales were at risk of "irreversible harm or significant adverse outcome" as a result.

Since our 2016 review each health board has demonstrated a real commitment to improving eye care services in their area.

Many of the health boards were also clear about their continued concerns about delays in on-going (follow-up) appointments. All health boards have been taking action, and most have set out how they plan to address the continuing delays.

These plans have not yet led to a better service for far too many people.

Some of the actions already taken by health boards have clear benefits for people. For example, the introduction of community-led services means people can get to their appointments closer to home. The extended roles of eye-care professionals is also appearing to help release consultant capacity.

However, based on the responses provided by each health board and in view of the published performance figures, more clearly needs to be done so that people in Wales get the eye care treatment they need when they need it.

The Welsh Government and the NHS in Wales needs to:

- do more to reduce the current backlog of people waiting for appointments
- make sure longer term plans are capable of providing an equitable service that meets the increasing demand for eye care services across Wales
- provide people with the information they need to support their knowledge and understanding of their condition and treatment options.
- Make sure there are robust patient feedback arrangements in place to regularly monitor and review patient satisfaction
- Make sure digital communication moves forward at pace in all areas.

In response, the Welsh Government told us that:

“When introducing the new measure, we were aware that it would be a number of months before sustainable improvements may be noted. To support health boards, a sustainability fund of £3.3 million was made available to implement optimum pathways and establish community led services.

We are assured this funding, supported by additional capacity from primary care optometrists, will improve waiting times going forward in all areas.”

CHCs will continue to monitor NHS performance in their health board areas to check whether improvements are made where needed in all parts of Wales.

Acknowledgements

We thank all 7 health boards in Wales for their prompt responses to the Community Health Council's request for information.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it.

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