

NHS eye care services in Wales:

What improvements have health boards made?

Summary report

January 2020



**CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL**

BWRDD CYMRU | WALES BOARD

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Introduction

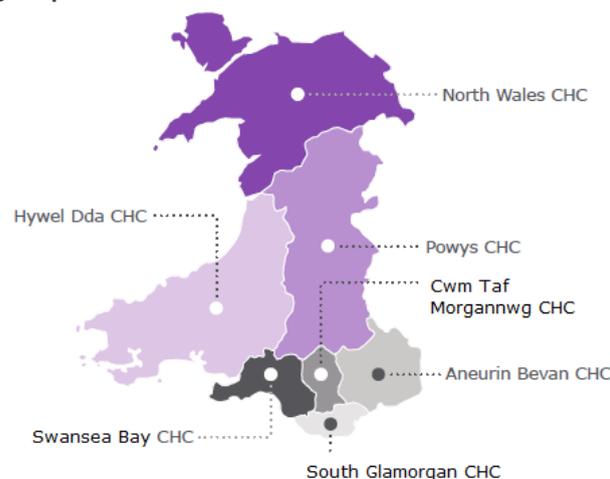
This report has been produced by the Board of Community Health Councils on behalf of the 7 Community Health Councils (CHCs) in Wales.

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 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 by the Welsh Government in April 2019 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 reports.

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 improved attendance rates for patients.

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.

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 measures².

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).

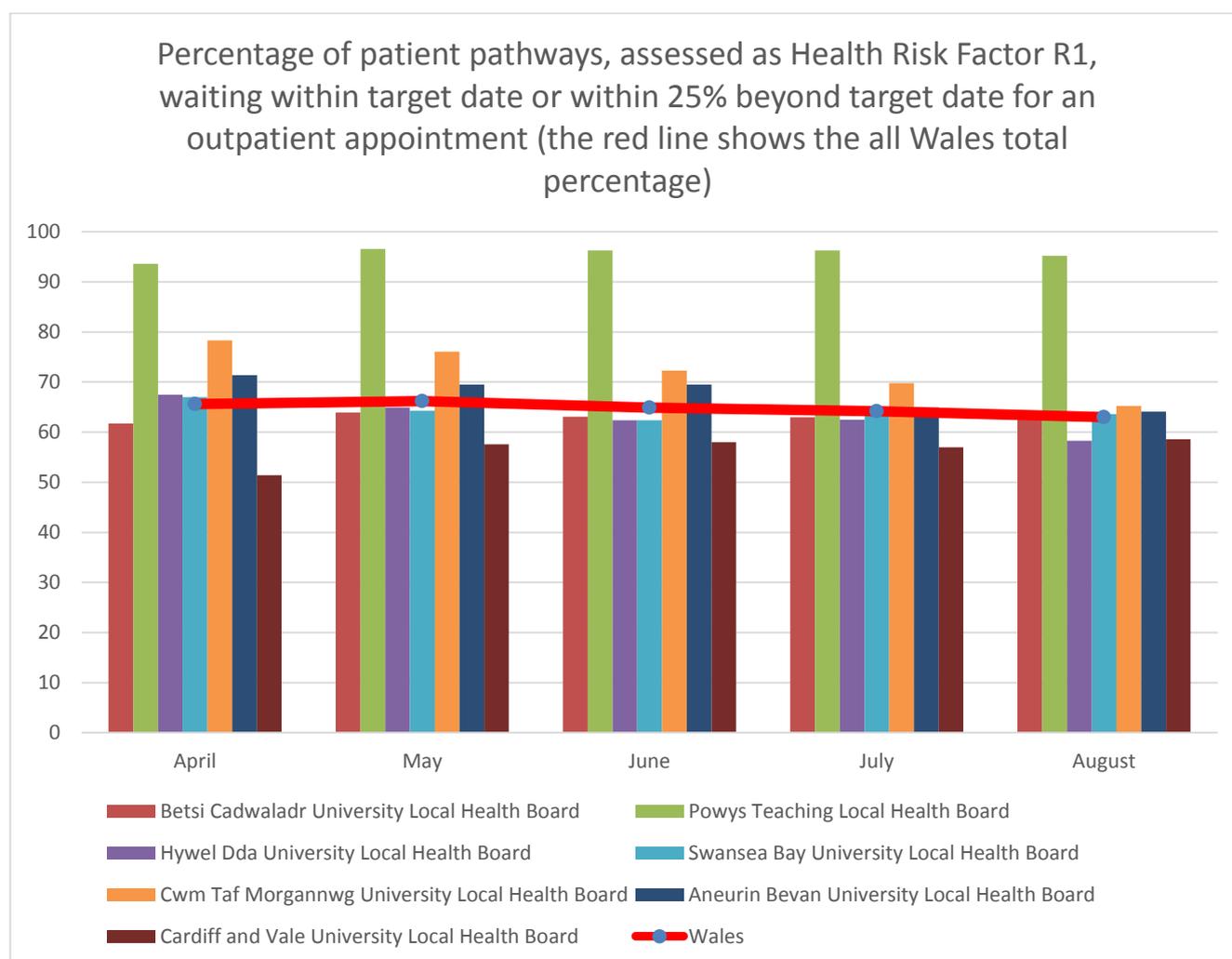
Target dates for appointments are based upon clinical assessments of peoples' condition and well-being. The measures track how well NHS bodies are performing for people who are assessed as being "at **risk**

² <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Eye-care/eyecaremeasuresforhsooutpatients>

of irreversible harm or significant adverse outcome³ 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 ⁴	65,703 65.6 %	68,908 66.2 %	70,798 64.9 %	71,044 64.2 %	71,278 63 %



³ Health Risk Factor R1

⁴ 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 Councils 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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