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Together for Health: Eye Health Care Delivery Plan (2013 - 2018)

Report 2014



Gwasanaethau Gofal Llygaid Cymru
Wales Eye Care Services

www.eyecare.wales.nhs.uk

1. Introduction

The publication of the first all Wales report for eye care is part of the commitment of the Welsh Government to deliver a more accountable and visible NHS for the people of Wales. This report highlights the progress we have made in our eye care services since the launch of Together for Health: Eye Care Delivery Plan for Wales and identifies areas for future improvement.

An All Wales Eye Health Care Steering Group was established to deliver the Plan; 7 advisory groups set up to ensure key developments and Welsh Government messages are disseminated internally and externally. This report summarises some of the good progress that has been made in delivering the recommendations set out in the Delivery Plan and reported in the annual all Wales Eye Health Care Conference, held in September 2014.

There were significant overlaps between the priorities with the aims of the Wales Vision Strategy. Therefore, the new Wales Vision Strategy Implementation Plan (2014-19) reflects this, with the relevant Eye Health Care Delivery Plan actions included alongside those developed by Wales Vision Strategy members.



2. Establishing outcome measures

As this is the first Eye Health Care Delivery Plan for Wales, and we think in the world, a lot of work has been done to develop outcome and assurance measures.

Reporting statistics on eye care

A statistics task and finish group has been working to collate information on eye health statistics in Wales in a single bulletin that is published in June each year. In 2013 / 2014 this developed to include more information about hospital eye services and surveys of the public. This was the first statistics bulletin produced for eye care in any of the UK countries. As part of this work additional information is also being collected / reported.

The statistic bulletin can be found at:

<http://wales.gov.uk/statistics-and-research/eye-care/?skip=1&lang=en>

Key outcome and assurance measures are reported on below. The work to improve the quality of the information that is gathered and to ensure the measures are robust is ongoing.



3. The incidence of sight loss in Wales

Sight loss has a marked impact on the length and quality of many people's lives in Wales. It is associated with falls, reduced capacity to carry out everyday activities, the need for residential care and is one of the strongest risk factors for functional status decline in community living people. Recent evidence has also suggested that older people with a visual impairment are also more likely to have other physical and mental health conditions.

The incidence of sight loss tells us how well our eye care services are doing by tracking how many people have developed sight loss. From extrapolation of epidemiological data in the medical literature it may be estimated that up to one half of certifiable vision impairment in Wales may be prevented or avoided or limited in severity.

In Wales we use the number of people newly certified with sight loss each year to measure incidence of sight loss. Certification of sight loss provides a feel for how well we are doing at preventing sight loss.

Outcome measure: Number of new certifications of visual impairment

As well as the number of new certifications and the rate per 100,000 Welsh residents we monitor the incidence of sight loss in the main groups in which it can be prevented:

- People with age related macular degeneration (AMD) aged 65 or over.
- People with glaucoma aged 40 or over.
- Diabetic eye disease in persons aged 12 or over

In Wales, over the last 5 years the number of new certifications of sight loss has decreased (Figure 1) see page 6.

A recent publication in the BMJ Open (Liew et al, Feb. 2014)¹ reported that, for the first time in at least five decades, diabetic retinopathy is no longer the leading cause of certifiable blindness among working age adults England and Wales (as measured in 2009-2010).

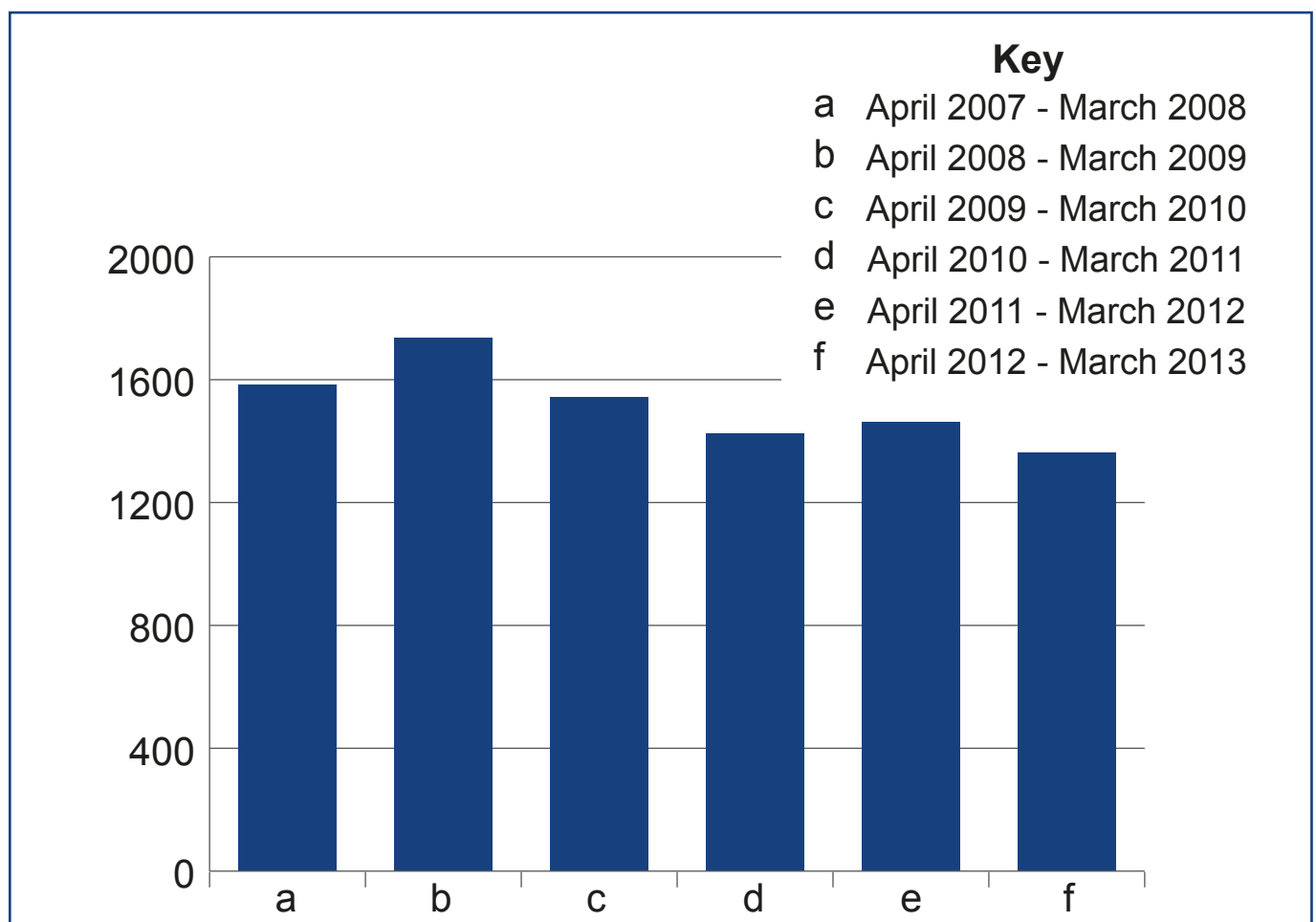
¹ BMJ Open: A comparison of the causes of blindness certifications in England and Wales in working age adults (16–64 years), 1999–2000 with 2009–2010, Gerald Liew, Michel Michaelides, Catey Bunce

Whilst the research was not designed to show cause and effect, the authors cite the introduction of national diabetic retinopathy screening programmes during the study period as a likely contributor to the reduction in absolute numbers.

Certification of visual impairment is completed by an ophthalmologist who will certify that the patient has reached a certain level of sight loss. Epidemiological data within the certification is sent to Moorfields Eye Hospital for research and analysis. The certification process is linked with referral to the Local Authority Social Services Department for registration on its registers and the process is only completed upon the voluntary consent of the patient. This means that unless the patient has consented to registration with the Local Authority, epidemiological data is not sent to Moorfields Eye Hospital. All stakeholders have agreed that this measure can be improved by making collection of anonymous data for certification obligatory for the eye services and leaving the acceptance of the offer to be placed on the register and referred to social services for a programme of rehabilitation as a second distinct and voluntary (and confidential) step. This will improve the robustness of the measure; however, initially it is likely there will be increase in the number of people eligible due to inclusion of those who previously declined to have their details recorded or be referred to social services.

Figure 1: New Certifications of sight loss in Wales

Source: Moorfields Eye Hospital



4. An evolving picture of eye care in Wales



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Wales Eye Care Services



Gwasanaeth Golwg Gwan Cymru
Low Vision Service Wales



Gwasanaethau Llygaid Ysbytai Cymru
Hospital Eye Services Wales



Archwiliadau Iechyd Llygaid Cymru
Eye Health Examination Wales



Gwasanaeth Sgrinio Retinopatheg Diabetig Cymru
Diabetic Retinopathy Screening Service Wales



Gofal Llygaid Plant Cymru
Children's Eye Care Wales

4.1 Preventing sight loss in Wales

Our population is getting older and whilst overall health is improving, many of the causes of sight loss are becoming more common as they tend to effect older people. It is an unfortunate fact that wide inequalities in health between socioeconomic groups and geographic areas persist and Welsh Government is determined that the Wales Eye Care Plan has an impact to close the gap.

Many of the causes of poor health are difficult to tackle and are related to the wider social determinants of health and inequalities. Smoking and an unbalanced diet are major risk factors for sight loss.



Table 1 shows some Welsh Health Survey 2013 results in this area. Within each age group a higher percentage of respondents who were current smokers reported eyesight difficulty than did non-smokers, which included ex-smokers and people who had never smoked. A greater proportion of non-smokers had used an optician in the previous 12 months, again for each age group. The results for ex-smokers and those who had never smoked were similar. Note that these differences may not be statistically significant.

Table 1: Eyesight difficulty respondents to the Welsh Health Survey 2013 who said that their eyesight was not good enough to see the face of someone across a room, or that they had difficulty doing so (with glasses or contact lenses if they usually wore them). Note that results are based on a sample survey and will be subject to sampling error and design factors².

	Current smoker	Ex-smoker	Never smoked	Non-smoker (includes Ex-smoker and Never smoked)
% reporting eyesight difficulty				
age:				
16 - 44	5	4	4	4
45 - 64	8	5	4	4
65 +	10	7	7	7
% used optician in previous 12 months				
age:				
16 - 44	29	39	39	39
45 - 64	46	57	57	57
65 +	56	69	70	70

Source: Welsh Health Survey

² For full definitions and further information see: <http://gov.wales/statistics-and-research/ad-hoc-statistical-requests/?skip=1&lang=en>

Raising awareness of the link between smoking and sight loss and referring people to smoking cessation services.

Public Health Wales have worked with Optometry Wales and with dispensing opticians to develop a pilot in which optometrists will refer to smoking cessation programmes across Wales in 2015.



Outcome measure: Number of people referred to smoking cessation services by optometrists

The public is not well informed that with many eye conditions, once sight is lost it cannot be regained. Neither are people aware about what they can do to prevent sight loss.

A communications plan

Welsh Government has worked with Public Health Wales and other stakeholders to develop a communications plan for high risk groups. This will be led by Sight Cymru, Wales Optometry Postgraduate Education Centre, RNIB Cymru, Public Health Wales, the Low Vision Service Wales and Diabetic Retinopathy Screening Service Wales and Optometry Wales.

Outcome measure: Proportion of adults aware of the importance of eye health

Eye Health Week

RNIB Cymru and partner organisations have been involved in another successful year delivering a range of activities promoting the importance of eye health and the need for regular sight tests for all.

4.2 Raising awareness of eye health and the need for regular sight tests.

In 2013-14, 758,572 NHS general ophthalmic service sight tests and 96,487 eye health examinations Wales were carried out.

Many people in Wales do not have regular sight tests. Sight tests are important to ensure people are able to see as clearly as possible – with the use of spectacles or contact lenses where necessary. They also provide an opportunity to test for eye disease, ensuring that poor eye health is prevented, or identified early to minimise the impact. Raising awareness of the importance of eye health and the need to use eye care services will be essential to preventing sight loss and improving eye health.

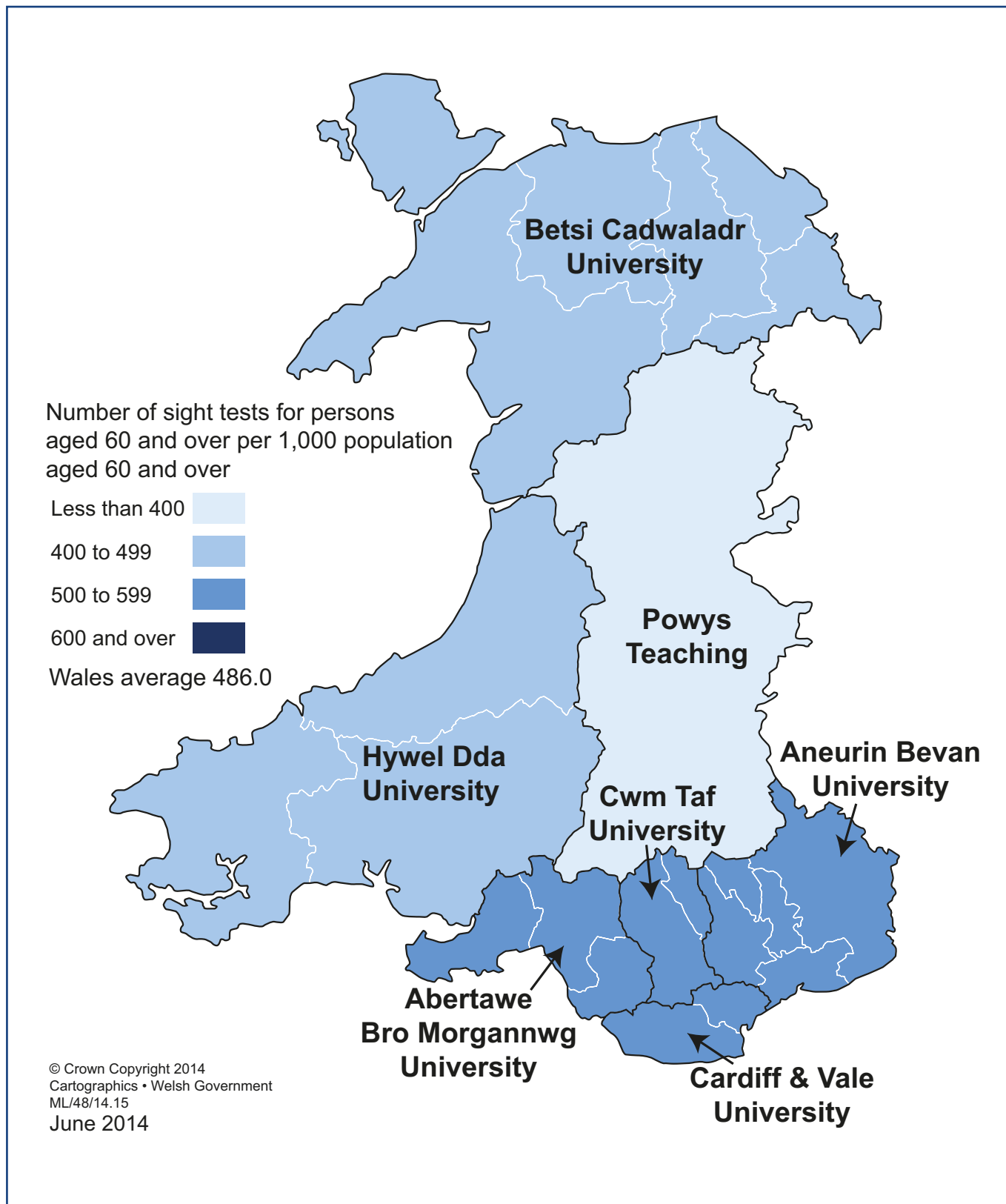
Those at highest risk of sight loss are those over 60 years, those with poor diet, those that smoke, those who live in areas of social deprivation and those of Black Afro-Caribbean and Asian ethnic group. Eye health examination Wales sight tests for many people in high risk groups and those who would find losing their sight particularly difficult, for example, those with a hearing impairment, is free in Wales. Ensuring they have regular sight tests is important when trying to reduce sight loss in Wales.

Currently we know that there is inequality in uptake of sight tests (Figure 2) and use of eye health examination Wales in Wales (Figure 3).

Flagging the need for regular sight tests

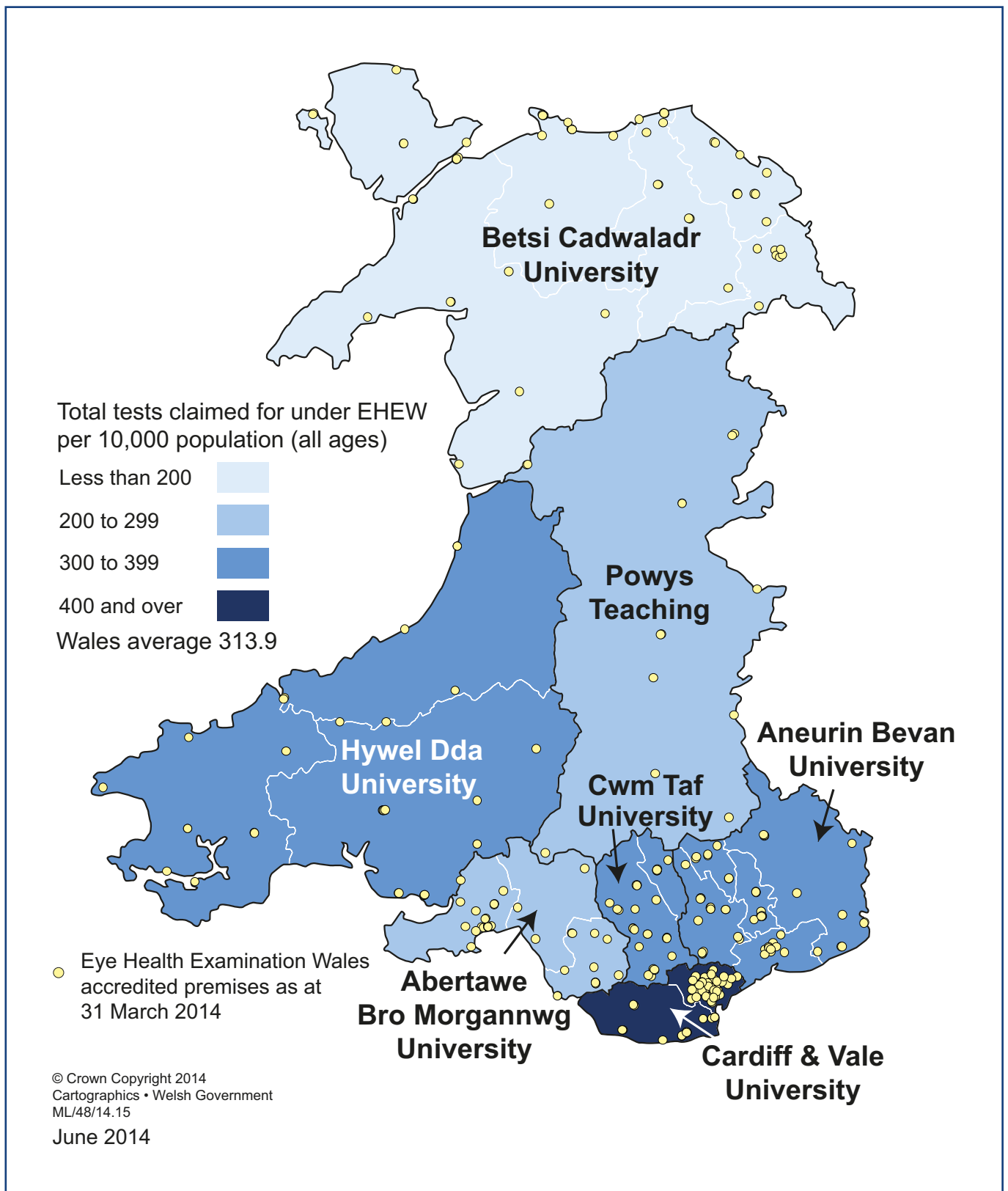
In order to improve the uptake of regular sight tests, those over 50 years old using the online Health Check on the Add to Your Life website addtoyourlife.wales.nhs.uk are encouraged to attend for regular sight tests. Their eligibility and risk according to ethnicity is part of the information. The Choose Well website www.choosewellwales.org.uk and app also allow members of the public to find their nearest optometrist.

Figure 2: Number of NHS sight tests for persons aged 60 and over per 1,000 relevant population by Health Board, 2013 - 2014³



³ Eye care statistics for Wales, 2013 – 14, SDR 98/2014, dated 17 June 2014

Figure 3: Number of Eye Health Examinations Wales per 10,000 population (all ages) by Health Board, 2013-14⁴



⁴ Eye care statistics for Wales, 2013 – 14, SDR 98/2014, dated 17 June 2014

Audit of the uptake of community ophthalmic services by area of deprivation.

Public Health Wales have audited the uptake of Eye Health Examination Wales and General Ophthalmic services by area of deprivation.

There are proportionately more community ophthalmic practices in the more deprived quintiles (three, four and five) and fewer community ophthalmic practices in the least deprived quintiles (one and two) than would be expected if distribution were made on a per capita basis Figure 4.

There is more General Ophthalmic Service sight testing and Eye Health Examination Wales activity in the more deprived Welsh quintiles (three, four and five) and less in the least deprived quintiles (one and two) (Figure 5).

This indicates that more than half of all ophthalmic practices are in the most deprived areas and they are providing an almost equal amount of General Ophthalmic Service sight testing and Eye Health Examination Wales in each area.

Figure 4: Comparison of the proportion of community ophthalmic practices and the proportion of the Welsh population living in each deprivation quintile. Source: Public Health Wales 2012 - 2013

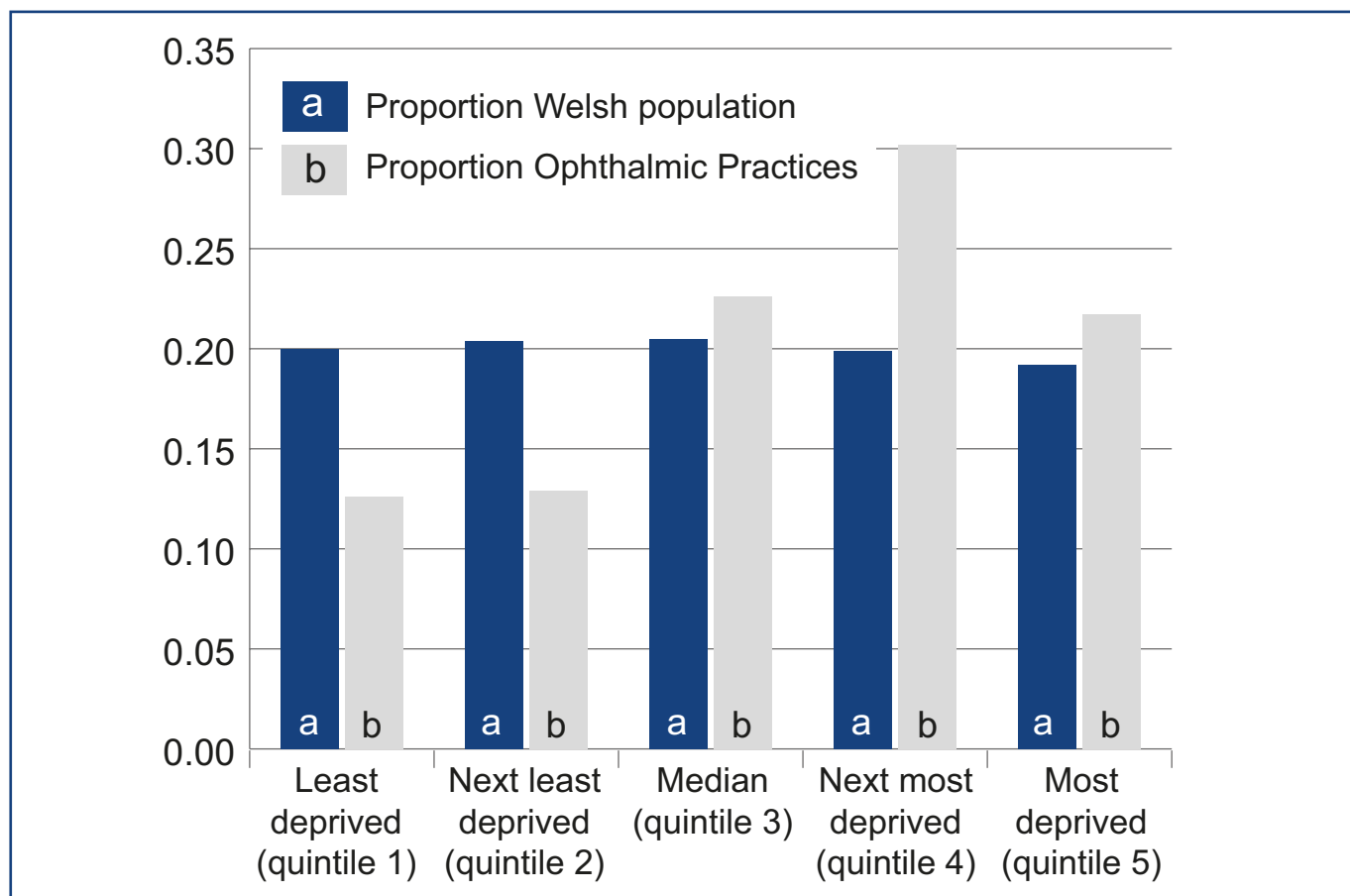
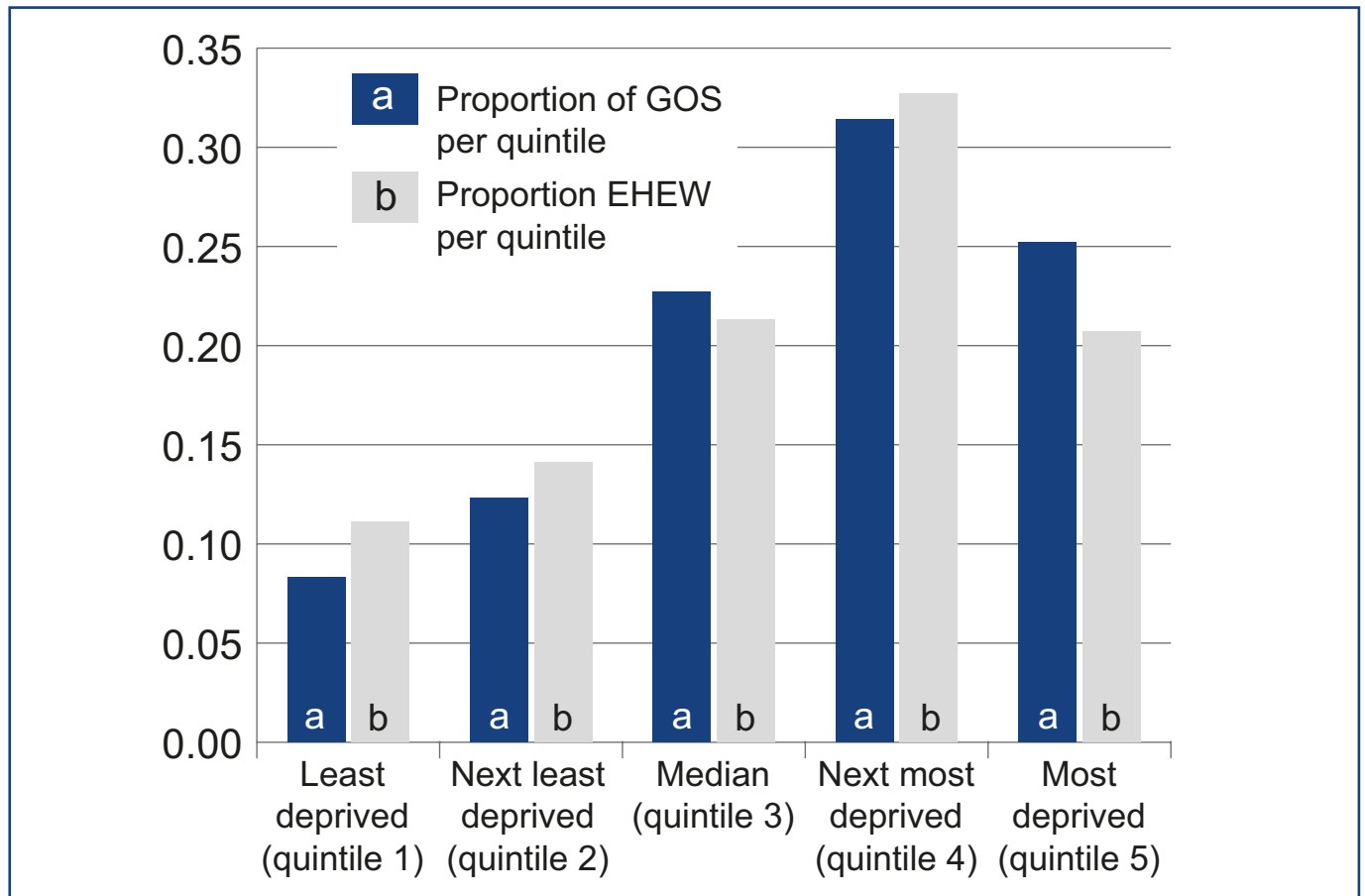


Figure 5: Comparison of the proportion of General Ophthalmic Service and Eye Health Examination Wales activity in each deprivation quintile.

Source: Public Health Wales



Ensuring that every contact counts is important and other professionals have an important role in ensuring people at high risk have regular sight tests

Community pharmacies are well placed to promote the importance of both regular sight checks and referral for acute examinations under Eye Health Examination Wales. Pharmacies are routinely visited by people seeking advice about acute eye problems and people using medicines for chronic eye conditions like glaucoma. In 2013, Public Health Wales in partnership with RNIB, Community Pharmacy Wales and Optometry Wales ran the look after your eyes campaign through which pharmacies promoted:

- Giving up smoking, losing weight and eating healthily reduces the risk of avoidable sight loss.
- The importance of having a regular eye examination, usually every two years.
- How a medicine use review can help people with eye conditions to use their medicines more effectively; and
- Referral of sudden eye problems to an accredited Eye Health Examination Wales optometrist.

Increasing awareness of eye health amongst primary and community care professionals

Welsh Optometric Post Graduate Education Centre Cardiff University, has trained over 500 GPs and 700 pharmacists to refer patients with eye problems to primary care optometric practitioners for specialist diagnosis, treatment and/or referral.

Outcome measure: Number of people that have regular sight tests

Using General Ophthalmic Service payment data we will monitor:

- The number of NHS sight tests per 1000 population in Wales
- The number of NHS sight tests in people over 60 years per 1000 population over 60 years
- The number of NHS sight tests in adults receiving income support per 1000 population aged 16-59 years

Using National Survey data we will monitor responses to the following questions:

- How often do you have your eyes tested?
- Why haven't you had your eyes tested more frequently?

Using Health Survey data we will monitor the number of smokers and people with poor diet that have sight tests.

The Eye Health Examination Wales Service forms part of the overarching Wales Eye Care Service. As part of the Eye Health Examination Wales service, patients with an acute eye problem who feel need urgent attention, are eligible for a free examination. At present much education is devoted to informing other health care professionals about the Eye Health Examination Wales, such as GPs, pharmacists, nurses etc.

The public can access information about the Eye Health Examination Wales acute eye care service through the internet on the www.eyecare.wales.nhs.uk website. They are also directed to an Eye Health Examination Wales accredited practice on the Choose Well and NHS Direct Wales websites.

Outcome measure: Number of people with an acute eye problem aware of the point of access to eye care services

Using National Survey data we will monitor responses to the following question:

- If you had pain or redness in your eye, who do you think you would contact for help in the first instance?

4.3 Raising awareness of eye health and the need for retinopathy screening in people with diabetes.

In Wales, the Diabetic Retinopathy Screening Service for Wales aims to identify diabetic retinopathy and refer those with signs of potentially sight threatening retinopathy to the hospital eye service, whilst retaining within the primary care-based Diabetic Retinopathy Screening Service for Wales those with lesser degrees of retinopathy.

In September 2014, £561,000 funding was provided by the Welsh Government for the Diabetic Retinopathy Screening Service for Wales to purchase new digital retinal cameras.

It is essential that people with diabetes are aware of the screening programme in Wales and that they attend for screening on a regular basis. Since the introduction of the services 10 years ago, the number of people presenting with retinopathy has decreased. However, there is still work to be done to increase uptake; the number of eligible people invited for diabetic retinopathy screening in 2013/14 was 145,277; the number of results reported was 115,344. Uptake is currently 79%, which is in line with those of the other three UK retinopathy screening programmes. We want to focus on improving uptake in Wales. One example is that Diabetic Retinopathy Screening Service for Wales is phasing in the use of text message appointment reminders for which there is good evidence of a positive effect on attendance.

Outcome measure: The proportion of people with diabetes that have regular retinopathy screening

This will be monitored using number of people using Diabetic Retinopathy Screening Service for Wales per 10,000 Welsh residents. We will report on this measure in next year's Annual Report

4.4 Eye Care Services in Wales

It is essential that eye health care services meet the needs of patients and are delivered to the highest quality standards. This requires strong clinical engagement, with health care professionals taking the lead in improving the quality of services and treatment they provide.

The public also has a key role to play in driving up the quality of services provided. In order to embed quality in all services, we have established a task and finish group that is developing a national approach to Patient Reported Outcome Measures and Patient Reported Experience Measures. This work will conclude in 2015, leaving formal reporting of these measures embedded within all aspects of eye care.

Patient Reported Outcome Measures will be used for 4 pathways and 3 have been agreed

Patient Reported Outcome Measures have been agreed for the Low Vision Service Wales (the 7 item National Eye Institute Visual Function Questionnaire [NEI-VFQ 7]), Cataract pathway (the 9 item Catquest-9SF questionnaire) and Glaucoma Pathway (the 9 item Glaucoma Activity Limitation (GAL-9) questionnaire) and we will shortly confirm the Patient Reported Outcome Measures for the Wet Age Related Macular Degeneration services.

All pathways will use a nationally developed Patient Reported Experience Measure.

All services/ pathways will have Patient Reported Experience Measures, and if relevant, Patient Reported Outcome Measures in place in 2015.

Outcome measure: Patient reported experience with eye care services (optometry practices, hospital eye services and social services)

Outcome measure: Patient reported outcomes for cataract, Wet Age Related Macular Degeneration treatment, glaucoma services and Low Vision Service Wales.

A vital part of the Eye Health Care Plan for Wales is the connection of all parts of the Eye Services via information and communication technology). This will enable us to improve integration, and facilitate accessing and sharing of information. Electronic Patient Records are an essential part of the development of Ophthalmic Diagnostic Treatment Centres) that will enable professionals other than ophthalmologists to see patients whilst the patient still remains under the care of the consultant-led integrated care pathway with senior specialist input via Electronic Patient Record -enabled virtual clinics.

Development of electronic referrals and patient records is under way

£1 million funding was allocated to eye care through the Health Technologies and Telehealth Fund to establish Information Technology systems across primary and secondary care to further improve patient care and release capacity in hospitals. Work is underway to connect primary care optometry, implement an e-referral process and roll out electronic record across Wales.

Outcome measure: Proportion of referrals from optometrists to hospital eye service that are electronic

The Eye Care Delivery Plan outlined the need to establish Eye Care Groups in every Health Board to ensure services are planned, monitored and reviewed with all stakeholders at the table.

Eye Care Groups have been set up in every health board

Membership includes clinicians from primary and secondary care, managers and the third sector. All health boards have also developed local eye care plans which outline the eye care needs of their local population and how they plan to meet them.

The following examples outline how current and new initiatives have developed over the past year:

- **Abertawe Bro Morgannwg University Health Board**

Abertawe Bro Morgannwg University Health Board has established an Eye Care Group to oversee delivery of the Wales Eye Care Plan. Within the plan, work streams have been identified and allocated to subgroups.

The Information Technology / Statistics sub group is the most advanced of these and is working with the NHS Wales Informatics Service to deliver the electronic pilot for Open Eyes for the Ophthalmic Diagnostic Treatment Centres.

The Hospital Eye Service / Focus On Ophthalmology group, which oversees the pathways for glaucoma, has worked with primary care colleagues and Wales Optometric Postgraduate Education Centre to deliver a successful training evening at the end of November, aimed at improving the quality of glaucoma referrals.

- **Aneurin Bevan University Health Board**

Aneurin Bevan University Health Board has implemented a Local Enhanced Service for Glaucoma Ocular Hyper Tension and suspect patients in collaboration with 6 Optometry Practices in Primary Care for the review of long waiting Glaucoma follow up patients. Following the assessment, the patient information, assessment and imaging is sent back to Secondary Care for a Virtual Review by the Consultant. The health board has sent 1354 patients in the first two groups and have sent a further 353 who will be seen between January – March 2015.

- **Betsi Cadwaladr University Health Board**

Betsi Cadwaladr University Health Board were part of a National Prioritisation Pilot endorsed by the Health Minister as part of his commitment to looking at more clinically driven measures.

This pilot focussed on the following:

The retrospective clinical prioritisation of all patients on the new and review waiting list in accordance with the risk associated with delayed appointments.

- (a) The prospective clinical prioritisation of all patients on the new and review waiting list in accordance with the risk associated with delayed appointments.
- (b) The clinical categorisation is recorded on all waiting list entries.
- (c) Waiting list reports produced to identify patients overdue their target date for appointment.
- (d) Patients are booked according to the clinical priority.
- (e) Capacity and demand gaps are identified and action taken to reduce the backlog for new and review patients.

- **Cardiff and Vale University Health Board**

2014 saw the successful opening of the Age Related Macular Degeneration Diagnostic and Treatment centre utilising for the first time in Wales the role of Nurse Injectors. With the service now fully established Cardiff and Vale University Health Board are maximising the capacity of the unit with the appropriate and effective use of trained nurses.

The glaucoma ODTTC continues to see new patients and provide monitoring clinics for patients with stable glaucoma thus creating extra capacity to alleviate follow up demand and allow consultants to concentrate on more complex cases

- **Cwm Taf University Health Board**

Cwm Taf University Health Board, supported by RNIB developed an optometrist led Ophthalmic Diagnostic and Treatment Centre in its Community Hospital in the Rhondda Valley. The success of this initiative has resulted in an additional optometrist and ophthalmic technicians being employed by the health board to increase the number of sessions provided and to develop a similar facility in the Cynon Valley. Patients with suspected or diagnosed glaucoma or ocular hypertension are able to access these facilities to have their assessments that would have previously been provided in consultant clinics in the District General Hospitals. Following their assessment a decision is made as to whether they need to be seen in a consultant clinic, continue to be monitored in an Ophthalmic Diagnostic and Treatment Centre or discharged to their community optometrist.

- **Hywel Dda University Health Board**

As part of the work surrounding childrens' vision, Hywel Dda University Health Board have introduced a cycloplegic refraction service. The aim of this service is to ensure cycloplegic refraction and appropriate prescriptions for children referred to the Hospital Eye Service prior to their first hospital appointment, and to allow children who are Hospital Eye Service patients to be refracted by an optometrist in the community, at the request of the Hospital Eye Service.

By utilising Wales Eye Care Service accredited Optometrists in the community, we are ensuring that the patient receives the appropriate examinations in the appropriate location. This service has been developed through the Eye Care group with the involvement of a multi disciplinary team.

- **Powys teaching Health Board**

During 2014, Powys teaching Health Board established the Powys Eye Care Group. With a membership which includes both primary and secondary care eye care providers, the group has developed the Powys Eye Health Care Delivery

Plan; a plan produced in direct response to the Eye Health Care Delivery Plan for Wales.

Being an organisation that is not focussed on the provision of acute services, the Health Board is keen to explore and develop the role played in particular by its primary care providers.

Working with Optometry Wales, the potential of optometrists working in Powys is being developed to ensure they make the greatest contribution possible to how patients with eye care needs have those needs met locally, reducing the pressure being experienced by consultants working in a secondary care setting, and in many cases the distances patients have to travel to receive their care.

The role GPs and pharmacists play in identifying and supporting those who may benefit from an eye health examination is also being explored. Being fellow providers of primary care services in local communities, the aim is to strengthen the relationship between GPs, pharmacists and optometrists to ensure patients make the best use possible of services aimed at reducing the longer-term effect of conditions which could have been detected earlier through regular eye health examinations.

4.5 Primary eye care services

People need to have timely access to the services and support they need and our aim is to provide more services and care closer to home. The new plan for a Primary Care Service for Wales outlines how we will re-balance our investment in favour of primary care to secure the future development and sustainability of our health services. The plan entitled: Our plan for a primary care service for Wales up to March 2018 can be found at <http://wales.gov.uk/topics/health/nhswales/plans/care/?lang=en>

In order to ensure sustainable ophthalmic services we need to manage more patients in the community where it is clinically appropriate to do so. The Eye Health Examination Wales has enabled optometrists to do extended examinations on those people at high risk of developing eye disease, to perform extended examinations on those patients who would find losing their sight particularly difficult, to manage minor acute cases in primary care and to manage more people in primary care rather than referring to secondary care.

Currently in Wales, approximately 83% of community optometry practices are accredited to provide the Eye Health Examination Wales Service (Eye Care Statistics for Wales 2013 - 2014). In order to provide continuity of service

throughout Wales we aim to encourage 100% accreditation of optometrists practicing in Wales and 100% of practices.

All optometrists and practices in Wales that are not accredited are encouraged to become registered on a regular basis by the use of letters and phone calls and personal visits.

Outcome measure: The proportion of optometrists and practices that are accredited to provide the Eye Health Examination Wales service

We will compare all those optometrists and practices listed with Shared Service Partnership to provide the Eye Health Examination Wales service compared to those optometrists and those optometry practices that claim for General Ophthalmic Service sight tests.

Referrals from community optometrists to the hospital eye service.

The Eye Health Examination Wales service has led to improvements in information in disease specific referrals contained within referrals to the Hospital Eye Service. An audit to evaluate Hospital Eye Service referrals was performed this year and the results were compared with a previous audit from 3 years ago.

The proportion of Hospital Eye Service referrals with adequate signs increased from 65.3% to 94.2% ($p < 0.001$). Disease-specific analysis shows an increase in referrals that mentioned disc assessment in glaucoma referrals (from 72.7% to 100%, $p = 0.015$) and quality of life in cataract referrals (from 33.3% to 60.4%, $p = 0.047$).

The number of patients being managed by community optometry Eye Health Examination Wales practices is also increasing and is now at 85%. This means that more patients are managed in the community with less being referred on to the Hospital Eye Service.

Outcome measure: The number of referrals from optometry to the hospital eye service

Outcome measure: The number of referrals from GPs to the hospital eye service

A statistical article has been published in 2015 looking at data quality and completeness of referrals data from all sources of referral, not only from GPs. This

together with the fact that referrals from optometrists are specifically being coded now and appear in the national dataset will aid understanding referral patterns for ophthalmology treatment.

The statistical article called “Analysis of the outpatient referral dataset” was published at: <http://gov.wales/statistics-and-research/nhs-gp-referrals-first-outpatient-appointments/?lang=en#/statistics-and-research/nhs-gp-referrals-first-outpatient-appointments/?lang=en>

Eye Health Examination Wales is reviewed annually

In April 2013 an extended Eye Health Examination Wales service was launched. This enabled accredited optometrists to do additional tests in primary care to improve the quality of a referral or enable them to manage in primary care. In November 2014 an audit of referrals was conducted. This showed that optometrists could manage 85% of cases themselves. Service improvements including new referral guidance have been implemented.

There may be potential for further developments in primary eye care. Therefore we are working with health boards, optometrists and ophthalmologists to identify if more services can be safely provided in the primary and community setting, where clinically appropriate.

Investment in primary eye care

In September £600,000 from Welsh Government fund for primary care development was allocated to eye care to enable optometrists to manage patients in primary care where it is safe to do so. Health boards were invited to submit bids that would demonstrate their plan to achieve this. Funding was allocated to cover the costs of over 5000 Eye Health Examination Wales appointments across Wales. Funding was also allocated to some health boards for the development of primary care Ophthalmic Diagnostic and Treatment Centres, specialist equipment, and optometric adviser time.

4.6 Hospital Eye Services

Ophthalmology is a high volume specialty accounting for more than 10% of all hospital outpatient visits and treatments in Wales and cataract operations are the most commonly performed surgical procedure. Currently there are more than 300,000 out-patient attendances each year.

In 2013 / 2014, £452,000 was invested in general ophthalmology equipment

Currently, there is insufficient capacity to meet the demand for the Hospital Eye Service. With growing numbers of people requiring ophthalmology services it is essential to improve the quality of routine data collection to enable evidence based planning and allocation of resources.

Outcome measure: Capacity and demand in hospital eye service

Health Boards will measure capacity demand for each of the following pathways relating to those newly referred and those attending for follow-up. To further aid service planning, demand and capacity data will be analysed and reported separately for the high volume integrated clinical pathways for:

- Cataract
- Glaucoma
- AMD
- Diabetic retinopathy.

Sight threatening eye conditions are treated in the Hospital Eye Services by multidisciplinary teams led by ophthalmologists. For most of these conditions it is essential that treatment is initiated in a timely fashion and many patients require ongoing management and treatment with prescribed medicines, laser treatments and surgery.

Given the acknowledged capacity shortfall in the Hospital Eye Services there has been concern that people waiting for their review appointments were waiting beyond the date allocated by a clinic with potential for disease progression taking place in some cases. Hence, ophthalmologists led the development of targets for ophthalmology to incorporate measures for all patients (new and follow-up), based on clinical need and risk of irreversible sight loss.

The majority of patients continue to wait less than 26 weeks from referral to treatment, and the median wait is 15 weeks. However, the number of patients on the waiting list has risen by nearly 7% over the last year. The numbers of patients waiting for a follow-up appointment is not currently reported but data will be collected as part of the developments within the Eye Care Plan. If they are waiting for a follow-up appointment, we expect all patients to be seen in line with clinical priority and that an appropriate timescale is left between appointments.

Concerns about the follow-up backlog resulted in consultant ophthalmologists developing a proposal to ensure those people in most clinical need are appropriately prioritised based on:

Priority 1 – Patients who may suffer irreversible harm from delayed appointments

Priority 2 – Patients who may suffer reversible harm from delayed appointments

Priority 3 – Patients who may be inconvenienced or suffer mild/or reversible consequences from delayed appointments

Health boards will measure capacity and demand for each of the following pathways relating to new patients, treatment and follow-up:

- Cataract
- Glaucoma
- AMD
- Diabetic retinopathy

Pilot of new measures of access for ALL patients based on clinical need

Work is underway in Betsi Cadwaladr University Health Board and Abertawe Bro Morgannwg University Health Board to prioritise all patients (new and follow-up) based on clinical need rather than as a result of standards applicable to new patients only. The results from these pilots will inform whether this approach will be taken across Wales.

Assurance measure: Access to hospital eye services for new and follow-up patients

Assurance measure: Outcomes of cataract surgery

The Welsh Government established the Focus On Ophthalmology care pathways project in order to take stock of how care is and should be provided in the 21st century and share best practice for glaucoma, age related macular degeneration and unscheduled care. The key outcomes from Focus On Ophthalmology have been an agreement between all stakeholders for the integration of services

between the community and hospitals and the setting up of multidisciplinary teams to make the very best use of all the various professionals and resources available. Pathways had already been developed for unscheduled care, glaucoma and age related macular degeneration. The delivery plan outlined the need to develop a Focus On Ophthalmology cataract pathway.

In 2013, the Welsh Government contributed towards £1m new funding for the Royal College of Ophthalmologists and Health Quality and Improvement Partnership to develop a national audit of all cataract surgery in England and Wales over the next three years.

In the Focus On Ophthalmology glaucoma pathway, people in whom glaucoma is suspected are assessed and managed in special Ophthalmic Diagnosis and Treatment Centres where members of the glaucoma multidisciplinary team (specialist nurses, orthoptists, technicians and optometrists) are able to provide much of the care for low risk cases with ophthalmologists to confirm the diagnosis and management via a “virtual” clinic. The Welsh Government is committed to establishing Ophthalmic Diagnostic and Treatment Centres throughout Wales for clinically and cost effective care within easy reach of patients’ homes.

Progress has been made in Focus on Ophthalmology Pathways:

- **In April 2014 a Focus On Ophthalmology Cataract pathway was signed off and it is being implemented across Wales.**
- **The Delivery Unit completed audits of Focus On Ophthalmology patient pathways for age related macular degeneration, glaucoma and unscheduled care and found good progress across Wales.**
- **Ophthalmic Diagnostic and Treatment Centres for glaucoma have been established across Wales.**

Wet age related macular degeneration causes a swift loss of sight. Patients need to be seen within 2 weeks of referral and reviewed every 4 or 8 weeks depending on the treatment used.

Assurance Measure: Access to age related macular degeneration treatment

Health Boards to report:

- Activity levels wet age related macular degeneration patients
- The proportion of patients who began treatment within two weeks of referral
- The proportion of patients treated within their clinician-allocated follow-up interval

4.7 Supporting people with sight loss

Despite the best efforts of health care professionals, there will be people who develop sight impairment.

Losing sight can be very traumatic and can have a significant impact on a person's quality of life, so it is essential that everyone works together to ensure people receive good quality care and support to enable people to live as actively and independently as possible.

The Low Vision Service Wales is a community based service provided throughout Wales by 170 Optometrists who have undergone further training and accreditation with the School of Optometry and Vision Sciences, Cardiff University.

Patients typically wait less than 2 weeks for an appointment and can access the service within their locality.

The Low Vision Service Wales works very closely with social services and the third sector. Referrals from the Low Vision Service Wales to falls services have been developed over the last 12 months, and a referral pathway from falls services to the primary care eye care services is now being developed.

Outcome measure: Number of people that have a new low vision assessment

Using Low Vision Service Wales data we will monitor:

- The number of new low vision assessments per 1000 population in Wales
- The number of new low vision assessments in people over 60 years per 1000 population over 60 years
- The number of new low vision assessments from ethnic minority groups.

There is inequality in uptake of the Low Vision Service Wales but by targeting training we have reduced this. The provision of the Low Vision Service Wales per over the age of 65 population as of April 2013 is shown in Figure 6. By targeting training in the geographical areas where provision was lower, service provision as of April 2014 had improved in some area. This is illustrated in Figure 7.

Figure 6: Population 65 years and over per accredited Low vision Practitioner April 2013

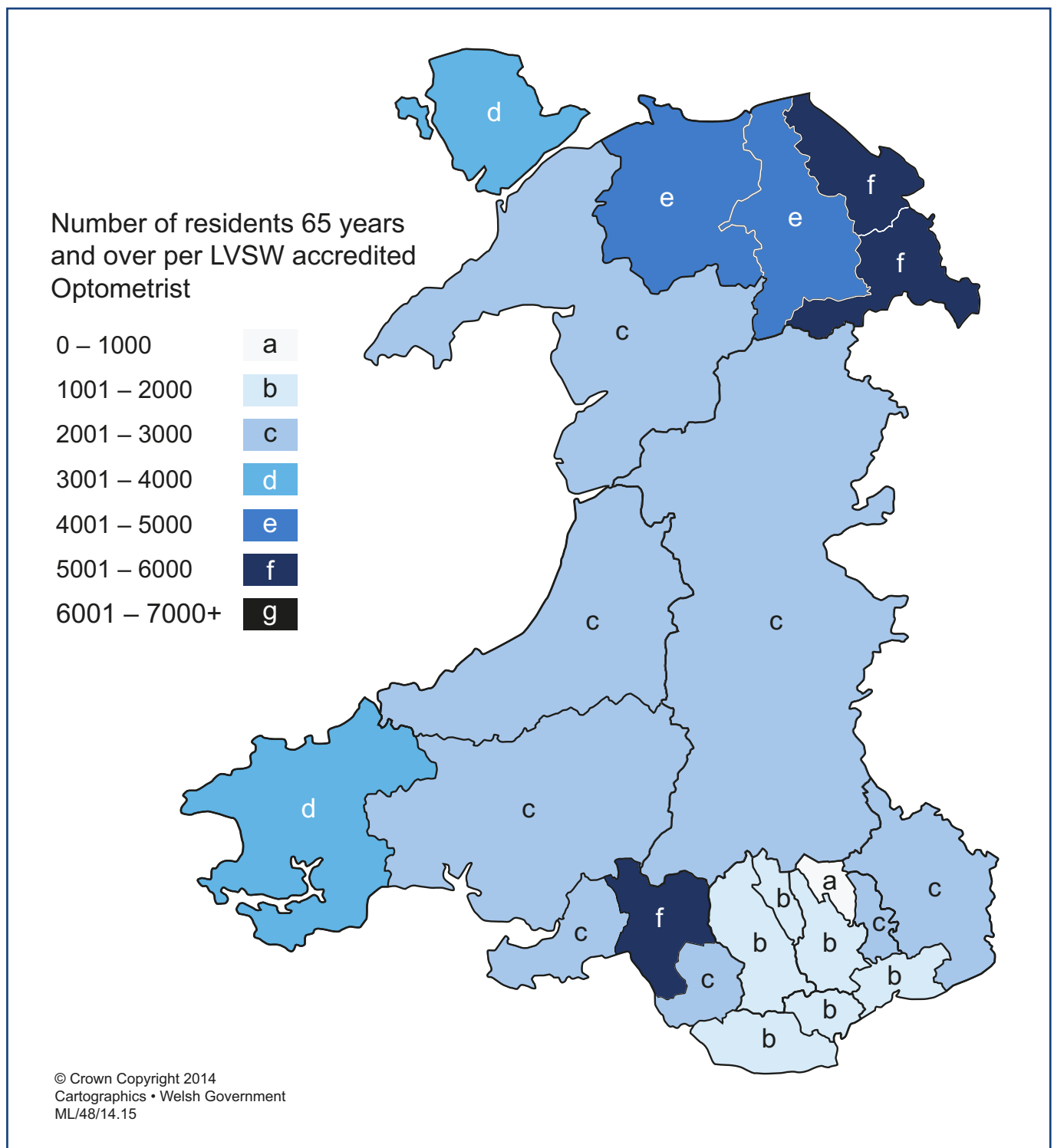
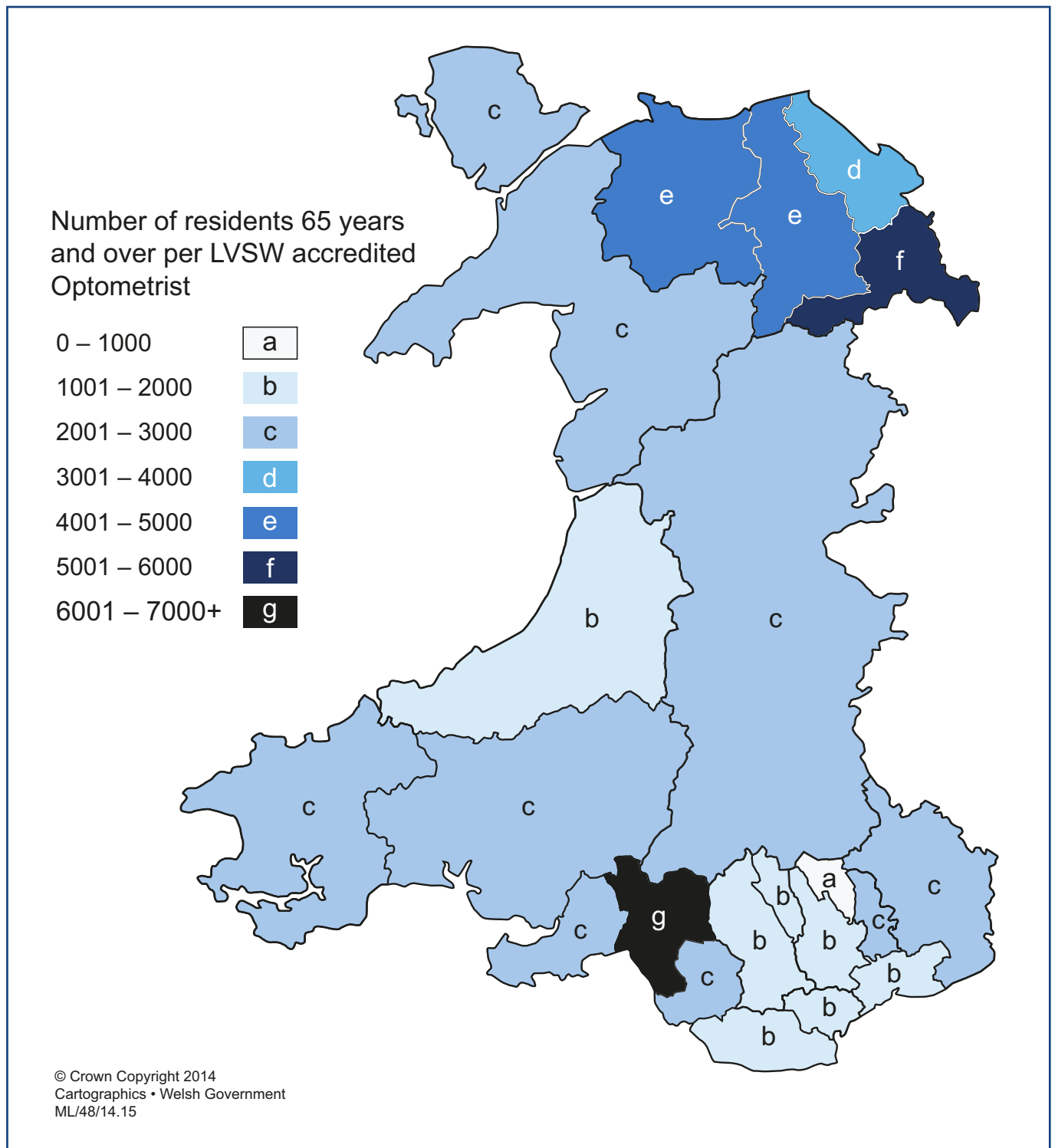


Figure 7: Population 65 years and over per accredited low Vision Practitioner April 2014



Re-accreditation of low vision practitioners incorporated training on falls and joint working with social services.

Re-accreditation for the Low Vision Service Wales commenced in October 2014. This process happens every 3 years, completion is essential for practitioners from all over Wales to remain on the accredited list. Re-accreditation is multi-disciplinary and includes social services. Complex spectacle mounted visual aids, identifying and referring those at risk of falling, safeguarding children and adults and managing children and working age adults with low vision are all topics that were included.

An important part of the community low vision rehabilitation service is the link with social services.

Outcome measure: referral to and from social services from the low vision service Wales

Using Low Vision Service Wales data we will monitor:

- The number of referrals to Low Vision Service Wales from social services.
- The number of referrals from Low Vision Service Wales to social services.

5. Looking ahead to 2015

There has been significant progress in eye care in Wales over the past 12 months. This is a tribute to all those involved in the planning and delivery in this important area. This includes staff in the NHS and contractor professions and those in local authorities. We must also acknowledge the invaluable work of the third sector.

This year has been focussed on building firm foundations for further positive development. In particular, establishing outcome measures to enable us to evaluate future progress. This will enable us to track our progress in future years to ensure that we are in a sustainable position to achieve our vision by 2018.

There is still a tremendous amount to be done in Wales and the steering group has set priorities for 2015 which are:

- Reduce the follow-up backlog in ophthalmology. This will include ensuring demand and capacity data for ophthalmology is collected in all health boards and rollout of a Planned Care Implementation Plan for Ophthalmology.
- All health boards to review their workforce needs for the future and identify and meet training needs for all groups of staff.
- Patients being seen in an appropriate setting.
- Development of a communications plan.
- Roll out of Information and Communication Technology for eye care with optometry referrals direct to the Hospital Eye Service together with the installation of the electronic patient record system.



**Dr Barbara Ryan,
Chair Eye care Steering
Group**



**Andrew Goodall,
Director General Health
and Social Services**