

Ophthalmology – HII Findings & Next Steps April 2019

1. Introduction

The purpose of this paper is to outline the key findings from UHNM having implemented the national Elective Care High Impact Interventions (HII) project and to describe the steps the Ophthalmology team are taking going forward.

2. Background High Impact Interventions (HII) - Ophthalmology

In 2018 the ophthalmology high impact intervention specification was launched, which was developed with key stakeholders including The Royal College of Ophthalmologists, the Clinical Council for Eye Health Commissioning, the RNIB, the Local Optical Committee Support Unit and the College of Optometrists, along with NHS Digital and the Getting It Right First Time programme. It encompassed three key actions:

	Owner	Action	RAG
Action 1	Trust responsible for Hospital Eye Service (HES)	Develop failsafe prioritisation processes and policies to manage risk of harm to ophthalmology patients	Part Compliant
Action 2	Trust responsible for Hospital for HES	Undertake a clinical risk and prioritisation audit of existing ophthalmology patients	Part Compliant
Action 3	CCGs / STP / ICS Leaders	Undertake eye health capacity reviews to understand local demand for eye services and to ensure that capacity matches demand – with appropriate use of resources and risk stratification	

The underpinning principles for the high impact interventions are that patients should be seen by the right person, in the right place, first time; and patients should be seen as quickly as possible in line with their constitutional rights.

3. UHNM HII

As part of the Ophthalmology Elective Care High Impact Interventions national initiative project, the clinical / management have reviewed the department's process for managing follow up patients. The actions outlined below are those the teams have embarked on to successfully implement the recommendations with the HII framework:

Actions taken

- Agree a Stratification and Prioritisation Risk Matrix
- Introduction of an Ophthalmology Follow Up Policy and accompanying SOP by sub speciality
- Follow Up Management – Failsafe Patient Flow Protocol
- Internal assessment (x3) against the Royal College of Ophthalmologist: safe & efficient outpatient process
- *Internal assessment (x2) against the 85% of patients have follow up within 25% of recommended date measure
- Internal 6 week clinic audit to quantify the level of risk for each sub speciality (1414 patients – 12% of current follow up waiting list)

*The analysis completed by the Information Team at snapshot, (Feb 19) has determined that approx. 71% of patients are appointed within 25% of their 'to be seen date' (target is 85%). Therefore the projected backlog for Ophthalmology is approx. 4,000, rather than the currently reported 3,000 patients.

When applying the findings of the 6 week clinic audit to the projected backlog follow up numbers, the breakdown is as follows:

- High Priority – 1403 patients (35.08%)
- Medium Priority – 1805 patients (45.19%)
- Low Priority - 790 patients (19.73%)

Ophthalmology Follow Up, similar to other specialities within the Directorate, continues to remain on the corporate risk register and is identified as High.

4. Future Plans

It has and continues to be difficult for Ophthalmology to manage the high number of dependent patients with lifelong conditions and the number and frequency of follow up demand is becoming increasingly challenging to manage. However UHNM are aware of the potential implications patients could experience if timely appointments are not maintained and therefore have ensured that no patient waits over 26wks for a follow up appointment since 2017 (based on current reporting matrix).

Going forward UHNM acknowledges the need to improve this further and meet the 85-25% measure (currently 71%); ensuring patients are seen appropriately to prevent any vision deterioration or sight loss. The following initiatives are planned in 2019/20:

- Introduction of third Glaucoma Consultant and Speciality Doctor
- Introduction of Hospital Based Optometrists
- Growth of Virtual clinics in Macular and introduction of this approach for Glaucoma

A priority for the Ophthalmology team is to further validate the findings from the HII project and review or discharge patients as appropriate. Acknowledging the potential volume of patients involved in this validation it will be delivered through a mix of letter reviews, face to face consultations and virtual clinics.

This initial trajectory relates to those patients the service currently believes to be 26wks > based on the data pulled on 25.03.19. This is based on the HII 85-25% measure and identifies those patients whose last appointment / PB entry date would suggest they should have had an appointment, but who would not currently appear in the follow up backlog.

The Ophthalmology team intension is to validate this cohort first and then, using the same methodology, refresh the data validating the next cohort by weeks wait and sub speciality risk. Therefore only the numbers for the first cohort have been included in this trajectory and will be updated as each cohort is pulled.

Ophthalmology HII FU Validation	Start Number	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Planned Validation (26wks> cohort)	224	124	0										
Actual validated													

5. Recommendations

- Opportunity for closer working with CCG to share the work that has already been undertaken and enable input into next steps
- Review patient pathways – widen the umbrella for those that could be discharged to community services: CCG support required
- UHNM to have an understanding of the work the CCG have completed in relation to Action 3 of the HII project