

Ophthalmology – HII Update November 2019

1. Introduction

The purpose of this paper is to provide an update to the CQRM group on the Elective Care High Impact Interventions (HII) project for Ophthalmology, following the last report presented to the panel by Specialised Surgery Directorate in July 2019.

2. UHNM Ophthalmology - HII

As part of the Ophthalmology Elective Care High Impact Interventions national initiative project, the clinical / management team have reviewed the department's process for managing follow up patients. As outlined previously the Ophthalmology team have:

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 - 71% of patients are appointed within 25% of their 'to be seen date' (target is 85%).
- Internal 6 week clinic audit to quantify the level of risk for each sub speciality (1414 patients – 12% of current follow up waiting list). If this was applied to the entire follow up waiting list, the risk cohort would be approx. to the number below:
 - 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 (12).

3. 26wks> Position

The table below outlines the Ophthalmology follow up waiting list:

	Total Ophthalmology (sub specialities)	Glaucoma Only
Follow Up Waiting List	12,980	2913
Follow Up waiting 4wks> over intended FU date	2523	879
Follow Up waiting 26wks> over intended FU date	79	0

The 79 patients waiting over 26wks have all been clinically validated and additional capacity is being created to see these patients in clinic. It is only recently the speciality has had patients exceeding the 26wks and the team are making every effort to reduce this within the next 2 months (also prevent any patients 'tipping in' to this bracket).

This is being support by the Consultant and Speciality Doctor appointed (now in post) as part of the Glaucoma Business Case which has enabled the team to increase capacity.

4. Medway Fix & Reporting

The key to the implementing the HII recommendations is in the understanding of when the 'recommended date' for seeing a patient is. The implementation of the 'System C fix' to address this 'review date' took place on 22nd August 2019 and whilst this date is being displayed within the OPWL report, it's not being used to re-categorise patients, because of the concerns over the quality of data being recorded. On-going training is being implemented to ensure all staff are accuracy recording the correct date in the correct field.

The Information Team are devising a report that meets the definitions of the HII that can be applied to all specialities, starting with Ophthalmology and will be tested by the operational teams in November 2019.

5. Ophthalmology Developments

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. Going forward UHNM acknowledges the need to improve this further and meet the 85-25% measure; 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 (both now in post)
- Introduction of Hospital Based Optometrists (13 sessions appointed, start date February 2020)
- Introduction of Treat and Extend Model for Macular patients – January 2020
- Introduction of virtual clinics for Glaucoma – UHNM have sought financial support from CCG to fund the FORUM software package that will facilitate this model

These initiatives will support the reduction in patients currently in the follow up 'backlog' and support the clinical team to prevent patients falling into this cohort going forward.

6. Next Steps

- UHNM to ensure all staff are appropriately trained to complete the new 'review by date' field
- UHNM to develop information report that adheres to the HII definitions and provide a base line for each speciality
- Ophthalmology to apply / implement
 - review base line report and address any 'at risk' patients
 - the Stratification and Prioritisation Risk Matrix for Follow Up patients
 - introduce Ophthalmology Follow Up Policy and accompanying SOP by sub speciality
- CCG to consider funding the FORUM software application to support introduction of Glaucoma virtual clinics
- Successful implementation of the Glaucoma Business Case – (consultant, speciality doctor and optoms)