

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	UHS OPHTHALMOLOGY UPDATE		
<b>DATE OF DECISION:</b>	26 FEBRUARY 2019		
<b>REPORT OF:</b>	CHIEF OPERATING OFFICER TEAM		
<b><u>CONTACT DETAILS</u></b>			
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<b>Director</b>	<b>Name:</b>	Jane Hayward	<b>Tel:</b> 023 80 206060
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<b>STATEMENT OF CONFIDENTIALITY</b>	
None	
<b>BRIEF SUMMARY UHS Ophthalmology Update</b>	
Members of the scrutiny Panel have requested a paper detailing the current position of ophthalmology services.	
<b>RECOMMENDATIONS:</b>	
(i)	The Health Overview Scrutiny Panel considers the issues raised in report and offer comments as required.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	The Panel requested the information in order for the Panel to have a greater understanding of the issues and performance of local services.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	None.
<b>DETAIL (Including consultation carried out)</b>	
	<b>Introduction</b>
3.	Ophthalmology services both locally and nationally have been under significant and sustained pressure for a number of years. There is evidence nationally that 88% of trusts have backlogs in reviewing patients who have diabetes or glaucoma and there are over 80 consultant vacancies in England. The reasons for this are well-rehearsed, but include an aging population and an increased ability to maintain sight for longer and better in patients with chronic eye conditions.
4.	Locally this problem is compounded as simple surgery is undertaken at the ISTC. This had a dual impact; a higher proportion of the work at UHS is now the complex medical patients and there are fewer surgical patients, meaning the need for less operating. The second point is of importance as it is exceedingly difficult to attract both consultant and junior ophthalmologists without adequate access to operating.
5.	UHS has faced a significant backlog in ophthalmology, primarily in three life-long eye conditions; diabetes, age-related macular Degeneration (AMD) and

	<p>glaucoma. These problems have been mirrored nationally, indeed Michael Burdon, president of the Royal College of Ophthalmologists recently recognised that UHS has been “ahead of the curve” in recognising the problems. There have so far been a number of incidents reported where patient’s eye health has deteriorated/been harmed as they have not been reviewed in a timely manner and there is a risk that further patients may have come to harm which we will discover as we bring patients come to clinic.</p>																																																																																																																																																																																																																																																																																																																																																		
6.	<p>The excess wait for review in Age related Macular Degeneration has been addressed and no patients came to harm. The excess wait in diabetes has been largely addressed, and all patients have been offered an appointment (some have declined as the appointments were in Lymington). The excess wait for patients with glaucoma remains a challenge.</p>																																																																																																																																																																																																																																																																																																																																																		
7.	<p>All cohorts have been stratified for risk and the most urgent patients are being seen first. Because these are life-long conditions, and as capacity does not meet demand, when patients are reviewed in clinic they are added to the list again which means multiple clinic reviews can be delayed. Ophthalmology capacity has been on the Trust’s risk register since 2015 and was upgraded in 2017 as the level of medical vacancies and therefore the backlog significantly worsened.</p>																																																																																																																																																																																																																																																																																																																																																		
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8.	<p><b>Glaucoma</b>  There have been 25 incidents where the patient’s eye health declined in glaucoma. Despite validation, recruitment (and further attempts to recruit), the use of high cost locums and insourcing the backlog in glaucoma patients remains a challenge. There is not the available workforce nationally to see these patients. Further work is currently taking place to identify which patients could successfully be moved to a virtual pathway and what is needed to do this. The trajectory for improvement is:</p>																																																																																																																																																																																																																																																																																																																																																		
9.	<table border="1"> <thead> <tr> <th colspan="13">Glaucoma Trajectory</th> </tr> <tr> <th></th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>August</th> <th>September</th> <th>October</th> <th>November</th> <th>December</th> <th>January</th> <th>February</th> <th></th> </tr> </thead> <tbody> <tr> <td>Medicare</td> <td></td> <td></td> <td></td> <td>-96</td> <td>-300</td> <td>-192</td> <td>-192</td> <td>-192</td> <td>-192</td> <td>-192</td> <td>-192</td> <td>-192</td> </tr> <tr> <td>Additional nurse &amp; Optom</td> <td></td> <td></td> <td></td> <td>-54</td> <td>-54</td> <td>-54</td> <td>-54</td> <td>-54</td> <td>-108</td> <td>-108</td> <td>-108</td> <td>-108</td> </tr> <tr> <td>Additional fellow</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-120</td> <td>-120</td> <td>-120</td> <td>-120</td> <td>-120</td> </tr> <tr> <td>Additional consultant (1) - start date delayed until Apr/May 2019</td> <td></td> <td></td> <td></td> <td></td> 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10.	<p>All patients affected have had Duty of Candour. All patients in the diabetes backlog have been written to with advice on symptoms to be aware of and what</p>																																																																																																																																																																																																																																																																																																																																																		

	<p>to do. All patients in the glaucoma backlog have been written to with an explanation of the current issues. Because glaucoma is a 'silent' disease, we have not been able to advise them of symptoms to look out for.</p>
11.	<p>Going forward:</p> <ul style="list-style-type: none"><li>• the CCGs are working with the local Optometrist community and will commission a new pathway of care for some patients. This will support the service and will be beneficial for patients;</li><li>• The Trust will invest in some additional theatre capacity to increase the level of Ophthalmology operating; in turn this will allow the recruitment of new Consultant staff and fellows; and</li><li>• Longer term artificial intelligence may help, current research trails are looking at this at Moorfields and in UHS.</li></ul>