

## Ophthalmology – HII Update July 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 initial report presented to the panel by Specialised Surgery Directorate in April 2019.

### 2. UHNM 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.

### 3. Validation Outcome

Ophthalmology team has validated the first patient cohort identified from the HII project (circa 226). This was 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 (patients 26wks>).

This data was based on a 'test' report without the 'review by date' being fully functional. As a result it identified patients that had already been seen and some duplicate pathways.

The Ophthalmology team completed a 'semi' virtual clinic to allow decisions for this cohort to be made. The outcome of this clinical validation is below:

Clinical Review Outcome					
	Urgent Review	Routine Review	Discharge	Already Seen	Validation
<b>Patient numbers</b>	11	104	64	34	13
<b>Update</b>	10 patients booked 1 query discharge	98 patients 6 awaiting dates			

## 4. Challenges

UHNM had a planned Medway upgrade to version .24 on 19<sup>th</sup> June 2019. This upgrade was intended to address the known issue in Medway, whereby the 'review by date' would be retained once entered onto the system. Currently where a patient's appointment is cancelled or moved, the 'review by date' is lost and the Trust is unable to date all patients in line. Furthermore because of this technical issue UHNM are underreporting the Follow Up 'backlog' position.

Whilst the upgrade was deployed it was only successful on machines that had been updated with the Medway client. This has meant the 'fix' is inconsistent and does not resolve the 'review by date' issue across all patients currently on a follow up waiting list. To understand the scale of the problem, the Information Team, ran a report on 5<sup>th</sup> July 2019 and of the 1900 attendances a quarter of patients had no review date.

The Medway Configuration Group and Business Change team are continuing to test the script and work with System C to resolve the issue. The Information Team are unable to finalise a reporting model for the 85-25% measure whilst the 'review by date' issue remains unresolved.

## 5. Next Steps

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 (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 (both now appointed)
- Introduction of Hospital Based Optometrists (open evening event held 6<sup>th</sup> June 19 and post/s out to advert)
- Growth of Virtual clinics in Macular and introduction of this approach for Glaucoma – initial discussions around Glaucoma virtual clinics are underway with clinical team

More recently Ophthalmology team were invited by the regional GIRFT team to present their progress on the HII project to the **RCOphth and NHS National Elective Care Transformation Programme joint Seminar on 21<sup>st</sup> June 2019**. The team were commended for their approach; there was a recognition of the limitations of the ICT infrastructure and the impact this is having on successfully implementing the project as outlined in Action 1 and 2 of the national initiative. University Hospital Bristol NHSE Foundation Trust has contacted the Specialised Surgery Directorate seeking to adopt a similar approach to UHNM, which again is positive feedback and suggests UHNM are moving in the right direction.

To ensure that this project retains its momentum the Ophthalmology HII Steering Group is being reinstated with the next meeting in August 2019 and following representative will be included:

- Ophthalmology clinicians / nursing
- Ophthalmology operational team / outpatient administrator
- Information Team
- ICT / Business Change team
- RTT Planned Care Trust Lead
- GIRFT – as required