

# Hywel Dda Ophthalmology Services

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## Service Overview

The Ophthalmic Services in the United Kingdom have faced increasing pressures with an increase in demand on ophthalmology over time with a predicted 11% growth in referral rates over the next 10 years. The rising demand has presented significant pressure on the provision of a timely service. The Ophthalmology service in HDdUHB serves three counties and is delivered out of 8 sites, 4 general hospitals Glangwili, Prince Philip, Bronglais and Withybush hospitals a community hospital in Amman Valley, the North road Eye clinic and 2 Integrated care centres (ICC) in Cardigan and Aberaeron. The service also provides support to 2 sites in Powys as part of the Mid Wales Ophthalmology delivery. The below table shows the locations and sub-specialities delivered by the service.

Site	Outpatient/Inpatient	Sub-specialty
Glangwili Hospital 8 rooms, 1 theatre	Outpatient/Day case/Theatre	-Emergency Eye Care -General OPD -Paediatrics/Orthoptist -Glaucoma -Diabetic Retinopathy -Plastics -Vitreoretinal -One stop cataract pre-assessment -Cataract surgery -Postoperative FU -Laser -Botulinum -Cataract surgery
Prince Philip Hospital 6 rooms	Outpatient	-General OPD -Paediatrics/Orthoptist -Diabetic Retinopathy -Plastics -Vitreoretinal -Laser -Botulinum -Medical Retina/Uveitis
Amman Valley Hospital 4 rooms, 1 theatre	Day case/Theatre	-Intravitreal Injections -Cataract surgery
Withybush Hospital 4 rooms	Outpatient	-General OPD -Orthoptist -Intravitreal Injections
Bronglais Hospital Theatre	Theatre	-Cataract surgery
North road Eye Clinic 6 rooms	Outpatient	-General OPD -Paediatrics/Orthoptist -Glaucoma Optometrist -One stop cataract pre-assessment -Postoperative FU -Intravitreal Injections -Laser
Cardigan ICC 4 rooms	Outpatient	-General OPD -Orthoptist -Intravitreal Injections
Aberaeron ICC 3 rooms	Outpatient	-General OPD -Technician clinic -Orthoptist
Llanidloes Hospital (Powys) 5 rooms	Outpatient	-General OPD
Machynlleth Hospital (Powys) 5 rooms	Outpatient	-General OPD

There are significant challenges within ophthalmology due to the delivery of services over such a large geographical area, which is also affected by estates restrictions in the main hospital sites. Service delivery is further restricted by the challenges around recruitment and retention of staff and staff training and development. There are 5 substantive consultants within the service and 2 locum consultants supported by a team of 10 Specialty doctors, there are 2 consultant vacancies and 1 Specialty doctor vacancy currently in service.

Ophthalmology services has liaised closely with primary care to support the training of community optometrists to develop robust community pathways to support the introduction of the Welsh General Ophthalmic Services (WGOS). This will ensure where appropriate that Ophthalmology patients can be managed in the community with oversight from secondary care when needed.

## Community Optometric Services

**Optometric Services Enhancement:** The service development for the full implementation of the Welsh General Ophthalmic Services (WGOS) framework is detailed below,

- **Growth in Independent Prescriber (IP) Optometrists:** The number of IP Optometrists has increased to 24 since 2022/23, ensuring a robust WGOS5 service to deliver acute eye care closer to home. An additional 5 Optometrists are expected to obtain their IP qualification within 2025/26, further boosting capacity in Primary Care.
- **Expansion of WGOS5 Practices:** The number of practices approved to provide WGOS5 has grown from 13 in 2022/23 to 18, with plans to continue increasing access to the service.
- **Increasing Patient Consultations:** The expansion of practices providing WGOS5 has led to a year-on-year increase in patient consultations, a trend anticipated to continue, enhancing overall eye care accessibility and delivery.

**WGOS4 Pathways Implementation:** The current level of Optometrists with additional qualifications in Glaucoma and Medical Retina supports the implementation of WGOS4 pathways, facilitating the shift of Glaucoma and Medical Retina filtering and monitoring, into primary care. The Hydroxychloroquine (HCQ) management, in Primary Care is still in the development phase as Optometrists do not have the required level of training to deliver this pathway as yet. Key developments include:

- **Pathway Implementation:** Glaucoma pathways commenced in September 2024, followed by Medical Retina pathways in December 2024. Although in the

early stages, these pathways are already showing a monthly increase in consultations in primary care, a trend expected to continue as the service becomes more established.

- **Enhanced Access to Eye Care:** The transition supports timely access to eye care services in both Optometric Practices and secondary care Ophthalmology services, as more patients are discharged from Secondary Care and more Optometrists complete their additional qualifications.
- **Future Opportunities:** There is potential to explore optometrist-led YAG laser treatment clinics, this will require a training programme to be established with a clear set of competencies to work to, to further expand the scope of primary care eye services.

## Current Delivery in Ophthalmology

- **100% compliance for patients waiting less than 52 weeks for new outpatient department (OPD)**

Ophthalmology services achieved 100% compliance for all patients waiting under 52 weeks by the end of March 2025. Detailed capacity planning has been undertaken for 2025/2026 to maintain this position. The outpatient transformation programme will gain further efficiencies.

### Patients waiting over 52 weeks



- **100% compliance for patients waiting for treatment over 104 weeks**

Ophthalmology services achieved 100% compliance for all patients waiting under 104 weeks by the end of March 2025. Detailed capacity planning has been undertaken for 2025/2026 to maintain this position, this includes supplementary



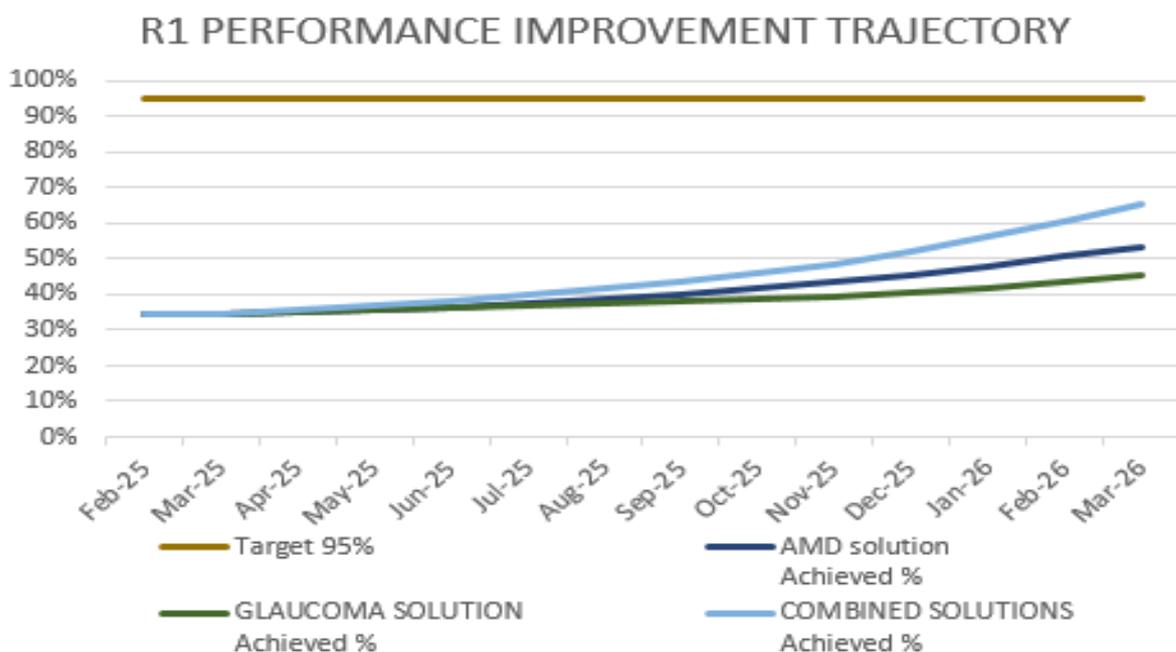
capacity gained through outsourcing. The theatre optimisation programme will gain further efficiencies.

### Patients waiting over 104 weeks



- 65% R1 compliance in ophthalmology.

The % of Ophthalmology R1 patients waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatment, has a National target set at 95%. HDdUHB current delivers 35%. The Eye Care Measures SBAR and subsequent annual plan details the funding needed to recover this target to 65% by the end of March 2026. This includes expanding intravitreal therapy (IVT) capacity to reduce the breach position, through increasing clinics and specialist staff to deliver this additional capacity and recruiting specialist staff to increase glaucoma delivery. The trajectory for recovery is set out below,



## Clinical Services Plan (CSP) Programme

The CSP programme, approved by the Board in March 2023, aims to address service fragilities and enhance healthcare delivery based on principles of safety, sustainability, accessibility, and kindness over the next 2 to 3 years. Phase 2, which involved options development and appraisal, was completed in 2024. The plan for 2025/26 focuses on:

- **Quarter 1-2:** Conducting public consultations on service change options for nine services: Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology, and Stroke.
- **Quarter 3:** Analysing consultation feedback and making decisions at the Board level.
- **Quarter 4:** Commencing implementation of the agreed service changes.

The CSP is a central element of the Health Board's strategy to tackle fundamental service challenges and establish sustainable clinical models for the future.

The following Options have been developed and will be taken for further engagement during Quarter one and two 2025/26 with a view to a decision being made on next steps in Quarter three 2025/26.

Bringing ophthalmology services together at fewer sites, in all options described below, would have a number of benefits. This includes Consultant overview for training and support of Junior staff, making it more likely that staff can progress towards working at the top of their licence, better outpatient and theatre efficiencies ensuring a better patient pathway and ensuring patients are seen by the right person at the right time, reducing the amount of hospital appointment needed and increasing efficiencies, recruitment and retention would improve, staff would feel supported and developed and less likely to look for positions in other health boards and a reduction in travel time for staff, which would translate to more clinical time.

All options would reduce the number of separate buildings services are delivered from. This would require more space at whichever main hospital would be delivering hospital ophthalmology services.

In all options, outpatient services in Ceredigion would remain in Cardigan Integrated Care Centre and North Road Eye Clinic, with no service at Aberaeron Integrated Care Centre (there are changes amongst options for community sites in Carmarthenshire and Pembrokeshire).

In all options Withybush Hospital would continue to offer some diagnostics and outpatient services in Pembrokeshire.



Regular eye injection services would be carried out in a main site in every county ensuring accessibility for patients who require regular injections.

	Bronglais	Glangwili	Prince Philip	Withybush	Community
<b>Current service</b>	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	AVH day cases  Diagnostics and outpatient service in CICC, NREC and AICC
Option A	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	AVH day cases (cataract) but not outpatients (eye injections)  Diagnostics and outpatient service in CICC and NREC
Option B	Day cases and inpatients	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics and outpatients	AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)  Diagnostics and outpatient service in CICC, NREC and Pembrokeshire (site to be confirmed)
Option C	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)  Diagnostics and outpatient service in CICC and NREC
<b>Community key:</b> AICC – Aberaeron Integrated Care Centre    AVH – Amman Valley Hospital CICC – Cardigan Integrated Care Centre NREC – North Road Eye Clinic, Aberystwyth					

The Clinical Services Plan outlines the strategic approach to enhancing Ophthalmology services, as outlined below,

- **Compliance Goals:** Maintaining 100% compliance for patients waiting less than 52 weeks for new OPD appointments, maintaining 100% compliance for patients

waiting for treatment over 104 weeks and 65% R1 compliance to enhance patient safety and progress towards the national standard of 95%.

- **Capacity Challenges:** Address capacity challenges through comprehensive demand-and-capacity planning, outpatient transformation, and theatre optimisation, with detailed analyses and efficiency improvements across all specialties.
- **IVT Expansion:** Increase Intravitreal clinic delivery, increase non-medical injectors, ensure adequate budget to match the increased intravitreal drug costs associated with increasing activity, and refine patient scheduling to treat high-risk individuals in a timely manner and reduce the backlog of overdue injections.
- **Glaucoma Service Strengthening:** Recruit two consultants and one SAS doctor into current vacancies, to release Glaucoma trained staff from general clinics, introduce “super clinics” or additional sessional capacity, and optimise clinical estates to manage complex follow-ups and reduce backlogs.
- **Ophthalmology Backlog Management:** Address the backlog of 2,257 cataract patients that will breach 104 weeks at all stages, by outsourcing, with an estimated cost of £3 million.
- **Optometric Services Enhancement:** Continue to implement the Welsh General Ophthalmic Services (WGOS) framework, increase Independent Prescriber (IP) Optometrists, expand WGOS5 practices, and explore optometrist-led YAG laser treatment clinics.
- **WGOS4 Pathways Implementation:** Continue to deliver Glaucoma and Medical Retina pathways in the community with filtering and specialist optometrists supporting the shift of patients from secondary care to Primary Care where appropriate.
- **Regional Collaboration:** Collaborate with Swansea Bay University Health Board (SBUHB) through the Regional Eye Care Programme Board to develop an enhanced service plan and delivery, with the initial focus on Glaucoma, Medical retina, Cataract and Vitreoretinal services. Continue to work with the Mid Wales Ophthalmology Group to support the planning, training and progress a nurse-led wet AMD service in North Powys.

These initiatives aim to establish sustainable clinical models, ensure timely access to high-quality eye care services, and enhance patient safety and clinical outcomes.



## Regional Working

In September 2021, The Pyott report was published. This was a review of eye services in Wales, commissioned by The Royal College of Ophthalmologists, and conducted by Andrew Pyott. As a Consultant Ophthalmologist in NHS Highlands, he has extensive experience in providing a service to the population of the Highlands and Islands of Scotland. The report outlined 10 recommendations for Wales;

1. Improvements in Data management
2. Improved communication within the service
3. Reduction of a reliance on Service Level Agreements with England
4. Expansion of specialist Corneal Services
5. Development of cross-linking service
6. Integration of services
7. Appropriate use of non-medical staff
8. Cataract Services redesign
9. Anaesthetic cover in theatre
10. Independent Prescribing and Ophthalmic Diagnostic Treatment Centres (ODTCs)

The report highlighted the important opportunities' which would be presented by working regionally and embracing hub and spoke models to expedite capacity, develop large MDT's and improve performance.

Underpinned by this vision, ARCH led programme activity in three sub specialities (Cataracts, Diabetic Retinopathy and Glaucoma) between 2021 and 2023.

The ARCH Regional Recovery Group met in October 2023 and agreed with the recommendation to finalise and close the existing ARCH Regional Eye Care Programme, endorsing the proposal to develop a new ARCH Regional Eye Care Programme, with a new set of deliverables and a new SRO.

In December 2023, a Programme Definition Document for the proposed ARCH Regional Eye Care Programme was drafted for the SRO.

On 15 April 2024, the new SRO for Eyes met with the Clinical Lead from Swansea Bay University Health Board (SBUHB) to discuss next steps. A set of data for both Health Boards was requested to inform further discussions. The data requested was:

- 1) Clinical staffing numbers – medical / non-medical
- 2) Clinical staffing vacancies
- 3) Admin support as appropriate
- 4) Whether it's delivered via community / secondary care – partially or fully
- 5) Funding envelope
- 6) Current service demand / capacity issues
- 7) Delivering to required national standard yes / no

A Regional Eye Care Service Status report was developed to be presented and discussed at the first Regional Eye Care Programme Board meeting.

#### **Regional Eye Care Programme Board:**

A joint committee was established with quorate members identified, to provide joint leadership for regional planning, commissioning, and delivery of services, addressing service and financial challenges.

The Regional Eye Care Programme Board has identified four priority sub-specialties for an initial focus on the development and implementation of a series of targeted service improvements. These are Glaucoma, Cataracts, Medical Retina, and Vitreoretinal services. Each sub-specialty will progress under its respective Project Charter, focusing on improving patient access, standardising care pathways, and strengthening workforce capacity across the region.

#### **Key Deliverables for 2025/26:**

- To establish sub groups with subspecialty leads that have been identified from both Health Boards
- To progress further Regional Consultant posts
- To progress regional training and development programmes
- To progress toward the introduction of an Electronic referral pathway and Patient Record

#### **Long-Term Vision:**

To pursue the development of a fully integrated South West Wales Regional Eye Care Service. This single-service model will establish a joint governance, workforce, and operational structure. Detailed scoping, design, and phased implementation planning for this long-term model will be developed in the coming months.

## Regional Working Powys

- **Increasing Capacity and Access:** Efforts are underway to increase capacity and access to ophthalmology services through a regional and whole system pathway approach, supported by collaboration between Health Boards.
- **Wet AMD Service Proposal:** Progressing a nurse-led wet AMD service in North Powys with HDdUHB medical oversight and District General Hospital pathway.
- **Networking and Pathway Development:** Exploring joint pathway development and repatriation opportunities with eye care MDT in Powys, including PTHB staff training in HDdUHB at the North Road clinic.
- **Leadership and Primary Care Services:** Scoping alternative options for the Mid Wales collaborative Ophthalmology consultant leadership post and exploring primary care eye care services for South Gwynedd.

## Interim developments for Ophthalmology Services

Whilst the Clinical services plan and Regional solutions progress, the Ophthalmology service within HDdUHB will continue to focus on service improvements over the next 12 months. The below is based on comprehensive demand-and-capacity planning, ensuring resources are aligned with clinical priorities. Key elements include:

- Detailed Analyses and Efficiency Improvements:** All planned care specialties have engaged in thorough demand-and-capacity analyses, with assumptions tested against modelling data and productivity improvements. Each specialty is challenged to deliver additional efficiency through optimised clinical templates, reductions in clinical variation, and pathway refinements to maximise available capacity.
- Performance Targets:** This methodology is essential for improving performance levels for 52-week new outpatient appointments and for 104-week referral to treatment compliance in line with national targets, requiring compliance for three consecutive months as per our TI framework.
- Ophthalmology Backlog Management:** Ophthalmology remains the most challenging specialty in Stage 4, with a backlog of 2,257 patients on the waiting list. To address this significant backlog, the Board has identified a supplementary need, estimating the cost to deliver the necessary cataract work (including outsourcing and/or in-house capacity expansion) to be around £3 million.
- R1 Ophthalmology delivery (IVT & Glaucoma):** The Health Board is committed to improving R1 performance in Ophthalmology, focusing on patients at risk of irreversible harm or significant adverse outcomes, including sight loss. The goal is to achieve 65% R1 compliance for at least three consecutive months, enhancing patient safety and progressing towards the national standard of 95%.
- Intravitreal Therapy (IVT) Expansion:** To Increase Intravitreal clinic delivery, increase non-medical injectors, ensure adequate budget to match the increased intravitreal drug costs associated with increasing activity, and refine patient scheduling to treat high-risk individuals in a timely manner and reduce the backlog of overdue injections. This approach is supported by guidelines that emphasise safe administration and innovative care models. Expected outcomes include treating more high-risk individuals in a timely manner, reducing serious adverse events, and improving clinical outcomes for conditions like wet AMD and diabetic macular oedema. The expansion aims to address the backlog of overdue injections as a priority by March 2026.



- Glaucoma Expansion:** Actively recruit to two regional consultant posts and recruit one SAS doctor locally to boost clinical throughput, this will release Glaucoma trained staff to manage complex Glaucoma follow-ups. This aligns with national guidelines for glaucoma care pathways. Introducing “super clinics” or additional sessional capacity to ensure effective operation of newly appointed consultants and advanced practitioners. This strategy aims to reduce backlogs and improve patient experience.
- Commitment to Action:** Timely recruitment into existing vacancies to release Glaucoma trained staff from general clinics, to focus on Glaucoma delivery, optimisation of clinical estates, refinement of patient flows and scheduling, and regional collaboration between Health Boards. These actions are designed to achieve 65% R1 compliance and safeguard vision for vulnerable patients.

#### Key deliverables for 2025/26 - Progress Towards De-escalation

Our 2025/26 planned care priorities explicitly target the metrics required for de-escalation from TI status:

Measure	Target	Anticipated Performance	Key Actions
% patients waiting <52 weeks for new outpatient appointment	100% for 3 consecutive months	100%	Enhanced D&C planning, outpatient transformation, targeted recovery funding
% patients waiting <104 weeks from referral to treatment	100% for 3 consecutive months	100% (except Ophthalmology)	Theatre optimisation, protected recovery capacity, TIs for high-risk specialties
% patients waiting <52 weeks from referral to treatment	80% for 3 consecutive months	over 80% (already averaged 85% for 2024/25)	Improved front-end capacity, enhanced validation and pathway redesign
Number of patients delayed by 100% for follow-up appointment	9,469	Improvement	Expanded PIFU/SOS, validation, additional capacity in high-volume specialties
% R1 ophthalmology patients within 25% of target date	65% for 3 consecutive months	65%	Service consolidation, expanded IVT capacity, non-medical injector roles, Glaucoma clinics

## Summary and Key Deliverable Actions

The Health Board's plan for Ophthalmology services aims to maintain 100% compliance for patients waiting less than 52 weeks for new outpatient department (OPD) appointments, maintain 100% compliance for patients waiting for treatment over 104 weeks and 65% R1 compliance. The plan focuses on expanding intravitreal therapy (IVT) capacity, recruiting specialist staff for glaucoma services, and addressing the significant backlog in cataract surgeries. Key deliverable actions include:

- **IVT Expansion:** Increase Intravitreal clinic delivery, increase non-medical injectors, ensure adequate budget to match the increased intravitreal drug costs associated with increasing activity, and refine patient scheduling to treat high-risk individuals in a timely manner and reduce the backlog of overdue injections.
- **Glaucoma Service Strengthening:** Recruit two consultant posts and one SAS doctor, introduce “super clinics” or additional sessional capacity, and optimise clinical estates to enhance access and manage complex follow-ups.
- **Ophthalmology Backlog Management:** Address the backlog of 2,557 patients in Stage 4 by estimating the cost for necessary cataract work (including outsourcing and/or in-house capacity expansion) to be around £3 million.
- **Optometric Services Enhancement:** Implement the Welsh General Ophthalmic Services (WGOS) framework, increase the number of Independent Prescriber (IP) Optometrists, expand WGOS5 practices, and explore optometrist-led YAG laser treatment clinics.
- **WGOS4 Pathways Implementation:** Commence Glaucoma pathways in September 2024 and Medical Retina pathways in December 2024, supporting the shift of Glaucoma filtering and monitoring, alongside Medical Retina and Hydroxychloroquine (HCQ) management, into Primary Care.
- **Regional Collaboration:** Collaborate with Swansea Bay University Health Board (SBUHB) through the Regional Eye Care Programme Board to develop an enhanced service plan and delivery, with the initial focus on Glaucoma, Medical retina, Cataract and Vitreoretinal services. Continue to work with the Mid Wales Ophthalmology Group to support the planning, training and progress a nurse-led wet AMD service in North Powys with HDdUHB medical oversight.

These actions are designed to enhance patient safety, improve clinical outcomes, and ensure timely access to high-quality eye care services for all patients.