WF 36
Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol
Inquiry into the sustainability of the health and social care workforce
Ymateb gan: RNIB Cymru
Response from: RNIB Cymru

Inquiry into the sustainability of the health and social care workforce

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RNIB Cymru response to Health, Social Care and Sport Committee Inquiry into the sustainability of the health and social care workforce.

14 September 2016

1. About RNIB Cymru

RNIB Cymru welcomes this opportunity to contribute to the Health, Social care and Sport Committee inquiry into the sustainability of the health and social care workforce.

RNIB Cymru is Wales' largest sight loss charity We provide support, advice and information to people living with sight loss across Wales, as well as campaigning for improvements to services and raising awareness of the issues facing blind and partially sighted people.

About sight loss

There are around 106,000 people living with sight loss in Wales. (Access Economics 2009. Future Sight Loss UK: Economic Impact of Partial Sight and Blindness in the UK adult population. RNIB and Mid-2015 Population Estimates, Office for National Statistics (released 25/06/2015)).

This number is expected to double by 2050. Sight loss impacts on every aspect of a person's life: their physical and mental health, their ability to live independently, their ability to find or keep a job, their family and social life.

People with sight loss are significant users of health care services, spanning the spectrum of care, from primary to community to secondary care, as well as specialist and tertiary services. The prevalence of sight loss increases with age. Thus many people with sight loss are older and therefore have other health conditions, including chronic health conditions which are not linked to their sight loss.

2. Health and social care workforce

A sustainable health and care system has been defined within the NHS as one which "works within the available environmental and social resources protecting and improving health now and for future generations".

The NHS in Wales employs around 72,000 people which makes it Wales' biggest employer. Staff and the workforce are therefore the health and social care system's most valuable resource.

An engaged and empowered NHS workforce will be crucial for meeting the multiple challenges ahead for the health service, including the efficiency challenge and the move to prudent health care delivery.

Ensuring staff are highly motivated, trained and well-educated is key to the provision of high quality care and to improving standards in Wales.

Welsh Government's vision for an integrated health system will require a technology driven workforce where prudent healthcare principles are fully embedded into the system.

In 2014, RNIB Cymru commissioned a report into capacity at eye clinics. 'Real patients coming to real harm: Ophthalmology services in Wales', by Dr Tammy Boyce, this starkly highlighted that "Patients in Wales are spending so long on waiting lists that they are unnecessarily losing their sight."

We know that ophthalmology departments are working at full capacity, but they are still unable to meet the level of demand. There is a mismatch between demand and capacity – the number of ophthalmology patients is growing, however the capacity to treat them is not.

The current lack of capacity in the hospital eye services must be addressed through effective eye care pathways into *and out* of hospital, ensuring that available capacity in primary care is used where appropriate.

These pathways should maximise the professional skills currently available and patient safety and outcomes in these pathways should be safeguarded by good clinical governance and enhanced training for clinicians where necessary.

We believe that if the health and social care system is to attract and retain high quality staff in the future then there must be recognition that the current lack of connectivity between community eye health services and the rest of the NHS needs to be addressed to improve IT systems and link community and secondary care services.

This level of connectivity could allow electronic transfer of data and images, enabling primary and secondary care professionals to discuss patients in real time and decide whether a referral is needed.

Linking patient records also means that professionals can review a patient's eye health alongside any other long-term conditions that they might have. It could also help professionals identify non-adherence to treatments for chronic conditions. Linking patient records also improves access to treatment and thus could prevent avoidable sight loss. One of the most issues highlighted as needing attention within the Eye Health Delivery Plan was the need for an electronic patient record. This would save not only patient records going astray or being missed, but also saving time for overstretched staff.

3. Education and training (commissioning and/or delivery)

Achieving an appropriate staffing mix must also include consideration of how more patients could be dealt with in primary care and Ophthalmic Diagnostic and Treatment Centres – for example, as demonstrated in Cwm Taf UHB where patients were seen in a community hospital, rather than the eye clinic, for treatment of stable glaucoma or ocular hypertension.

The clinic was directly managed by an optometrist and overseen by a consultant. This is consistent with a prudent healthcare approach, that patients are treated in the appropriate place by the appropriate professional at the appropriate time, whether in the community or in the hospital. It is also consistent with the ‘only do what only you can do’ principle, where all people working for the NHS in Wales should operate at the top of their clinical competence. Nobody should be seen routinely by a consultant, for example, when their needs could be appropriately dealt with by an advanced nurse practitioner.

Results from the project showed that patients were extremely satisfied attending the community clinic as oppose to the main hospital eye clinic and waiting times between appointments were reduced. Also the community clinic increased capacity in the main hospital eye clinics.

Due to the success of the model further clinics have been implemented in other parts of Cwm Taf Health Board. Similar models are being implemented in other health boards across Wales as this is a priority within the Welsh Government Eye Care Delivery Plan 2013.

In addition to the provision of additional clinics in secondary care, Welsh Government under the Wales Eye Care Scheme has provided training and accreditation for community/high street optometrists to carry out glaucoma repeat readings and cataract referral refinement. They would normally be carried out in secondary care eye clinics, but enabling these to be carried out in primary care, reduces the burden on secondary care and also makes them much more accessible to patients, being closer to their homes. Currently, approximately 93% of practices are accredited to provide this service and this is another example of reorganizing services to reduce the burden on secondary hospital eye clinics.

Similarly, there are new models of care being put in place for the treatment of patients with Age Related Macular Degeneration, where nurses have been trained to give injections to patients, rather than consultants.

This steadily changing workforce and skillset must also be accompanied by good management and rigorous checks; the current system often means that patients aren’t always seen as timely as required by NICE guidelines, or by the right staff member which can lead to the principles of prudent healthcare being overlooked.

4. Pay and terms of employment contract

The above example of different models of the provision of services, demonstrate better use of resources for both professionals and patients. They would also suggest that in a time when capacity in secondary eye care is over-capacity and staff are stretched to the limit, that remodeling eye care services in this way would not only help reduce the load in secondary eye care but as long as staff are provided with any additional training required, would also enable staff to feel much happier in their roles, increasing the sustainability and retention of the workforce.

Integrated services could involve hospital based clinicians spending some of their time delivering and/or overseeing services in the community. This could apply not only to ophthalmologists, but also to clinicians such as orthoptists, ophthalmic nurses, opticians and optometrists with higher qualifications and specialist skills gained in the hospital environment.

The workforce becoming more skilled provides a great opportunity for the NHS to ensure that prudent healthcare is fully recognised, however there must be adequate opportunities for reward and recognition for these upskilled workers.