



Chief Executive Officers
Chief Operating Officers
Executive Directors Planning
Executive Director leads for Eye care
Consultant Ophthalmology leads
LHB Optometric Advisors
Ophthalmology Managers

7 March 2022

Dear Colleagues,

Planned care recovery/regional working eye care

We write to you as Clinical lead and Chair of the Welsh Ophthalmic Planned Care Board, following our meeting on 2nd March, when the members of WOPCB agreed to the urgent need to progress a regional model for delivering eye care services.

The Pyott Report (the External Review of Eye September 2021 Care Services in Wales (see Appendix), commissioned by Welsh Government and provided by Andrew Pyott on behalf of the Royal College of Ophthalmology) charges us with fundamentally reshaping the modes we use to deliver eye care in Wales and points out both the scale of the challenge and the consequences of not doing so.

We need to proceed with pace to redesign our eye care services along a regional hub and spoke model utilizing the entire eye care resources as an integrated whole. This will need to incorporate the engagement and coordination of optometrists as they are fundamental to an integrated eye care system.

There is a lot of work to do to stabilise our eye care systems and we want you to work on a regional basis to develop service delivery but more pressing is how we can manage the very long waiting lists in the interim. We are aware some regions have commenced their collaborative cross LHB approaches, but none as yet have presented plans to take this work forward or that really make inroads to the scale of change needed.

We are therefore asking all regions to hold meetings in April, and develop plans to make a step change in reducing waiting times on a regional foot print. We ask you to explore the potential to pool surgery lists and strengthen the subspecialty areas by working regionally rather than on an individual health board boundary.



We want your long term and interim plans as soon as possible. Please take this opportunity to think outside of the usual parameters and regional thinking is absolutely vital.

The increased waiting times we are seeing will be leading to sight deterioration and for some irreversible sight loss and we want your immediate plans to address the waiting lists. Member of WOPCB are really keen to work differently, if we work together, we can make early changes as well as longer term plans.

Please can you update us with your immediate recovery plans and regional by 1 May 2022.

Yours sincerely,

Gwyn S Williams
RCO Llywydd

Fiona Jenkins
Chair WOPCB



Appendix

10 Recommendations of the RCO –Pyott Review

Recommendation 1: Data management – It is imperative that for services to run smoothly data needs to be accessed and managed in a straightforward way. Access to accurate and real time informatics should be at the forefront of managing ophthalmic services. This includes data on cancellation where health boards should be held accountable for the number of hospital cancellations and scrutiny mechanisms put in place to ensure that hospital cancellations are avoided where possible

Recommendation 2: Improved communication within the service – For an optimal multidisciplinary approach to care to be effective, issues with communication need to be resolved. Regular meetings with managerial and clinical colleagues should be implemented to ensure a resilient and efficient workforce can reach its potential. It is also advised that the sharing of best practice and the encouragement of new innovations should be instilled within the workforce.

Recommendation 3: Reduction of a reliance on Service Level Agreements with English Health Boards - Whilst it is recognised that a long term reliance on cross border support for Eye Services in Powys is inevitable, the number of patients transferring to Bristol and Liverpool should be reduced if it is in the patients interest to do so, and the service can be safely provided in NHS Wales.

Recommendation 4: Corneal Services – Consideration should be given to the expansion of specialist corneal services.

Recommendation 5: Cross-linking – Consideration should be given to how and when a service for cross-linking should be developed. Appropriate education needs to be given to community optometrists to ensure that the service is well managed

Recommendation 6: Integration of services – Over time, out of date practices have led to a disjointed patient journey through some services. This can be problematic for the patient and the workforce. The implementation of workshops with all relevant stakeholders to establish new, leaner ways of working should be established.

Recommendation 7: Appropriate use of non-medical staff - Wales has made good use of non-medical staff. It is important that everyone is encouraged to perform to the top of their licence. A unified approach is to be encouraged.

Recommendation 8: Cataract Services redesign – Centres need to be engaging in efficient high volume surgery on a regular basis.



Recommendation 9: Anaesthetic cover in theatre – The use of anaesthetic cover in Wales is variable and depends on both the surgeon and the procedure. A streamlined cataract pathway with agreed anaesthesiology cover is recommended for a sustainable cataract service.

Recommendation 10: Independent Prescribing and Ophthalmic Diagnostic Treatment Centres (ODTCs) – For both of these services to thrive, consideration should be given to rolling out independent prescribing initiatives to all ODTCs as well as expanding ODTC services to meet the needs of the population.