



Transforming eye care delivery in Devon

May 2025

Summary

The One Devon Elective Pilot, which ran from January 2023 to March 2024, aimed to cut waiting lists by performing **same-day cataract surgeries, streamlining processes, making better use of theatre space and improving teamwork.**

The UK Government's Accelerator and NHS England's Targeted Investment Funding enabled a high-volume, low-complexity (HVLC) cataract theatre to be established in February 2022, alongside diagnostic lanes for medical retina and glaucoma. The NHS Nightingale Hospital Exeter operates as an integrated care board (ICB) asset rather than a satellite NHS trust hospital, allowing clinical leads to shape service delivery autonomously. Dedicated surgical and clinic space meeting the requirements of ophthalmology units provided the right environment in which to run the pilot.

By 2024, wait times had fallen, more surgeries were being performed, and backlogs had reduced. Supported by NHS England's Getting It Right First Time programme (GIRFT) and led by its Clinical Lead for Ophthalmology, this pilot shows how targeted changes can improve patient care.

"What we really wanted to do was to show innovation, that we were able to rethink and redesign the pathway. The service benefited from having passionate people who all contributed."

*Harry Roberts, consultant
ophthalmic surgeon*

The challenge

By 2021, ophthalmology services at Royal Devon University Healthcare NHS Foundation Trust faced an overwhelming backlog. Approximately 4,000 patients were waiting for medical retina appointments and the same number for glaucoma appointments, with a further 1,500 for cataract surgery. Follow-up appointments were not being conducted for medical retina patients, and treatment for urgent conditions such as wet age-related macular degeneration was not starting within the recommended timeframe.¹

Devon is a wide, rural geographical area with an ageing population. This led to a high proportion of patients requiring hospital eye care services. Significant backlogs were exacerbated by the pandemic.

4,000

*patients awaiting
glaucoma appointments*

4,000

*patients awaiting
medical retina
appointments*

The solution

The One Devon Elective Pilot sought to improve efficiency, accessibility and patient outcomes in ophthalmology services by introducing three new pathways:

1. 'See and Treat' (S&T) cataract pathway
2. A virtual medical retina pathway
3. A virtual glaucoma pathway

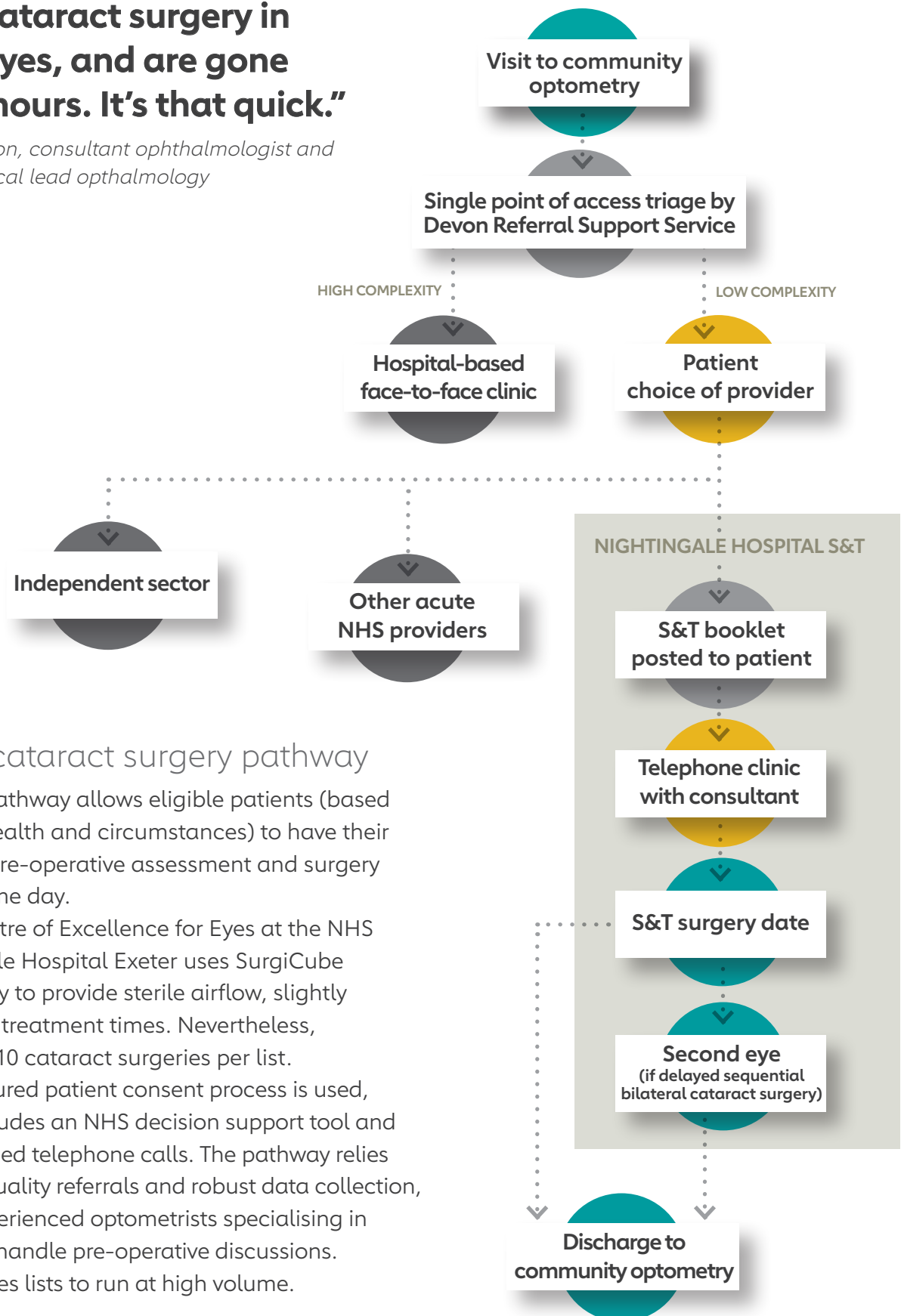
1,500

*patients awaiting
cataract surgery*

“Patients come in, have their cataract surgery in both eyes, and are gone in 1½ hours. It’s that quick.”

Liz Wilkinson, consultant ophthalmologist and GIRFT clinical lead ophthalmology

Figure 1: Cataract surgery pathway



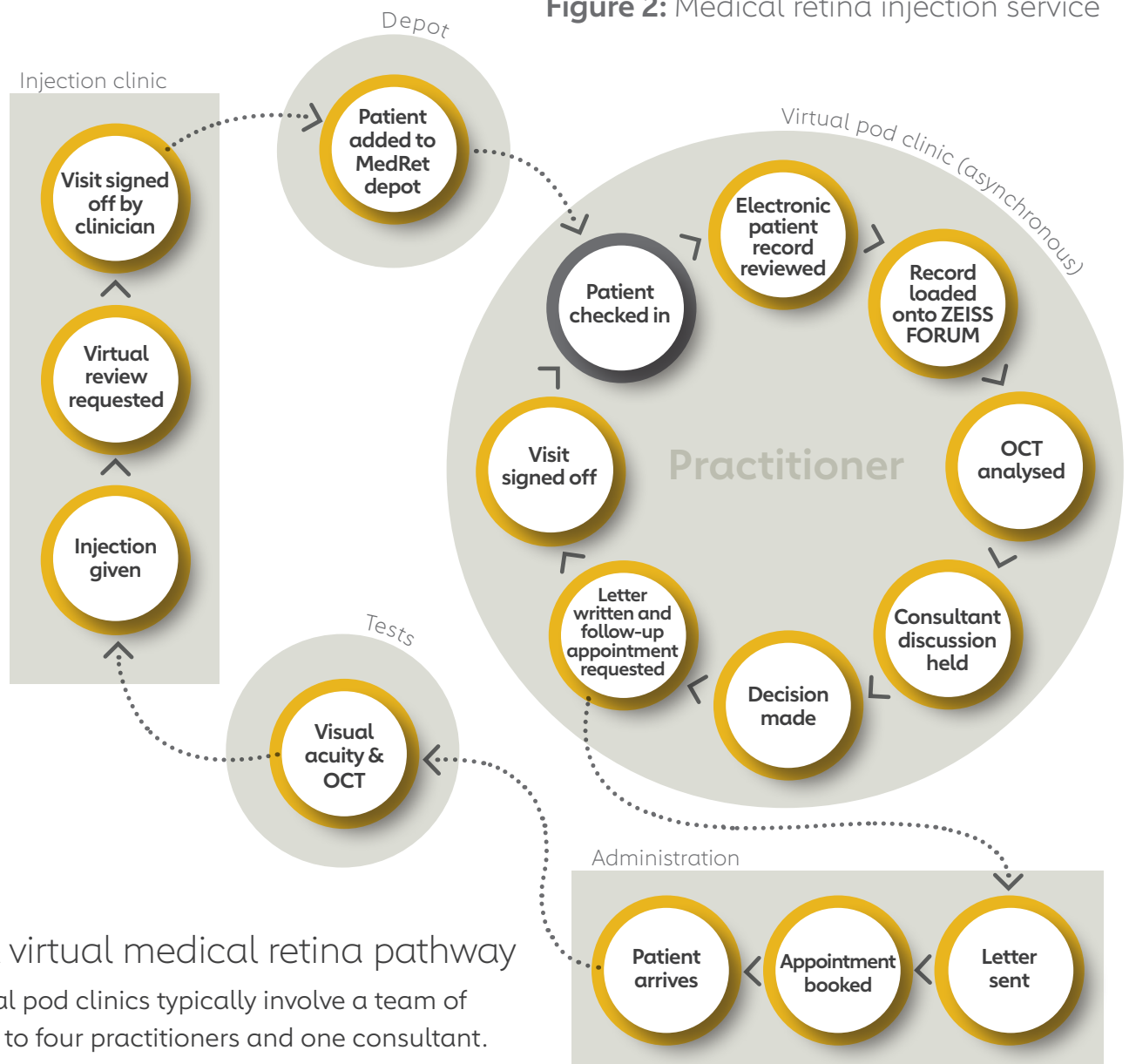
1. S&T cataract surgery pathway

The S&T pathway allows eligible patients (based on their health and circumstances) to have their cataract pre-operative assessment and surgery on the same day.

The Centre of Excellence for Eyes at the NHS Nightingale Hospital Exeter uses SurgiCube technology to provide sterile airflow, slightly extending treatment times. Nevertheless, it delivers 10 cataract surgeries per list.

A structured patient consent process is used, which includes an NHS decision support tool and standardised telephone calls. The pathway relies on high-quality referrals and robust data collection, where experienced optometrists specialising in cataracts handle pre-operative discussions. This enables lists to run at high volume.

Figure 2: Medical retina injection service



2. A virtual medical retina pathway

Virtual pod clinics typically involve a team of three to four practitioners and one consultant. The practitioners are assembled from band six nurses (5 full time equivalents (FTE)), band seven nurses (1.5 FTE), a band seven orthoptist (1 FTE), optometrists (two band sevens (2 FTE) and one band eight (1 FTE)) and a band six ophthalmic photographer (1 FTE). Resident doctors attend on an ad-hoc basis to enhance their learning or do their virtual reviews supported by a consultant. Up to 58 virtual reviews are conducted in a four-hour session. The consultant ophthalmologist provides a clinical opinion, with the practitioner overseeing treatment decisions. This frees up consultant time for patients with the most urgent need.

“When the benefits start coming, then the belief, success breeds success.”

Neil Bowley, consultant ophthalmologist

3. A virtual glaucoma pathway

This new virtual model separates clinical decision-making from testing. Only patients requiring further tests or who would benefit from a face-to-face examination need to visit the hospital.

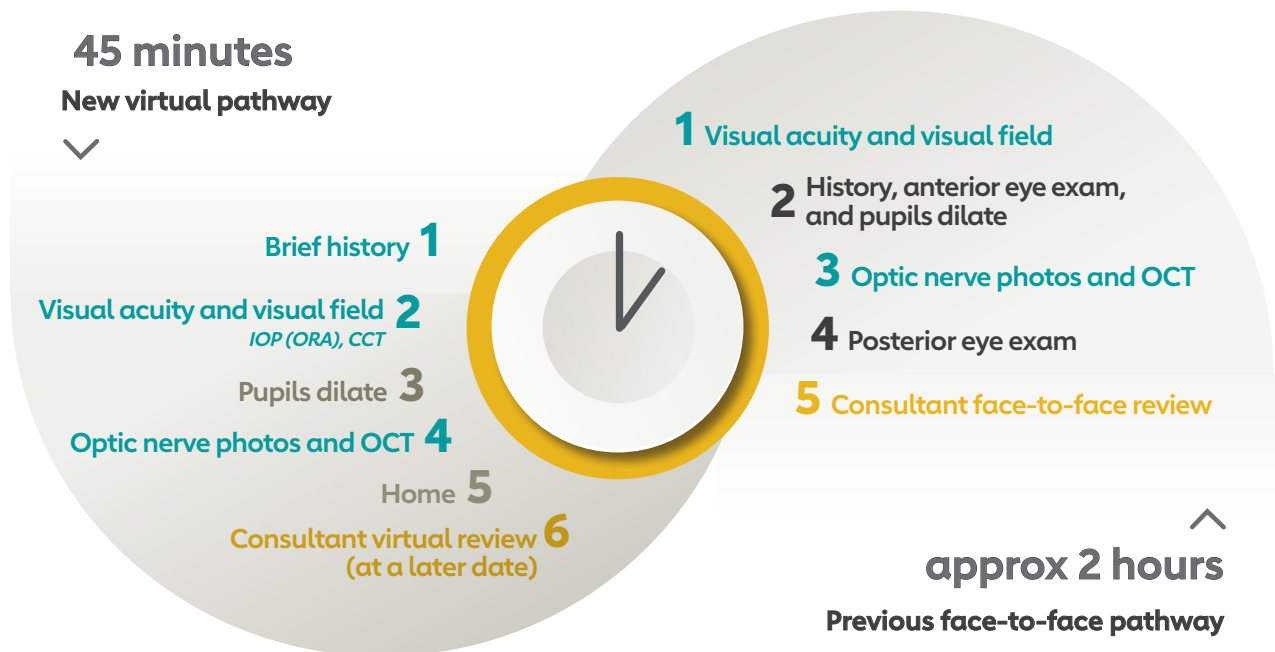
The clinician has built up sufficient medical history using the ZEISS FORUM tool, which captures scans and peripheral vision tests. This helps to prioritise patients according to urgency. For borderline glaucoma patients, follow-up tests may be necessary to provide two sets of test data upon which to base a decision.

Patients with more complex conditions, such as angle closure glaucoma and very high eye pressure, are routinely excluded from the virtual pathway and provided with face-to-face appointments.

“The clinical staff are only doing what they’re paid for, which is assessing the tests and making the decisions.”

Michael Smith, consultant ophthalmologist

Figure 3: Glaucoma pathways for new patients



- = ophthalmic technician
- = glaucoma practitioner
- = consultant

COMPARISON OF WORKFORCE NEEDS FOR GLAUCOMA PATHWAYS		
	Face-to-face pathway (15 patients)	Virtual pathway (15 patients)
Diagnostics testing	1 consultant 3 practitioners (band 7/8) 4 technicians (band 3)	4 technicians (band 3) 1 nurse (band 5) overseeing both macular and glaucoma lanes
	Face-to-face pathway (15 patients)	Virtual pathway (70 patients)
Decision making	Same day: 1 consultant 3 practitioners (band 7/8)	Virtual review at later date: 1 consultant 3 practitioners (band 7/8)

Outcomes and impact

The introduction of the three pathways has substantially reduced waiting times and improved patient experience.

- **Cataract surgeries.** Around 70% of those offered bilateral surgery accept it, deciding to have both eyes operated on during one hospital visit². Referral-to-treatment waiting times have decreased from 55 to 2.5 weeks, which is considerably below the 18-week NHS target. Before this pathway was introduced, the Trust delivered only 16% of NHS cataract surgery in the area, with the rest performed by independent sector providers. Today, the Trust delivers 57% of cataract surgeries, which helps to maintain scarce ophthalmic workforce and resources within NHS settings. Drop-outs are rare, with 90% of S&T patients proceeding with surgery on the same day as their initial outpatient appointment before discharge back to their optometrist. Careful patient selection for immediate sequential bilateral cataract surgery ensures an excellent safety record, with 0% vitreous loss after treatment of over 200 patients³.

“Everything from the referral stage throughout was excellent... It was nice to be treated like a human being.”

*Centre of Excellence
for Eyes patient*



- **Medical retina.** Virtual clinics have streamlined patient pathways, prioritising those with multiple eye conditions. Consultant roles are optimised, focusing on treatment decisions while delegating execution and documentation tasks through innovations such as pioneering the use of nurse injectors. Now only around 50 patients are waiting for an appointment, with referral-to-treatment times reduced to just one day. The number of reviews per four-hour session has increased from 12 to 15. Patients receive timely review and feedback, avoid a stressful hospital visit and the appointment takes up far less of their time.
- **Glaucoma.** The new pathway has increased efficiency, cutting the waiting list from 807 patients in 2023 to 55 in 2024 and reducing the wait time from nine months to under six weeks over the same period. The lack of a full patient examination does, however, leave a small risk of other symptoms being missed remains – albeit at a far smaller scale than the alternative of long waits for an appointment. Ten to 15% of patients still need a face-to-face consultation..

“It took a really courageous decision by the senior members of the department to work through the issues, redesign the pathways and think boldly”

*Neil Bowley, consultant
ophthalmologist*

Key takeaways for other units

Strong leadership from ICB ophthalmology clinicians and managers was integral to overcoming the challenges faced during implementation, namely a culture of acceptance of high waiting lists and backlogs and of a higher volume of surgical demand in the independent sector than in the NHS. Critical enablers included the introduction of a HVLC service specification and a contract with national guidelines and best practice. The pilot introduced dedicated HVLC cataract lists that delivered more than 75% of surgeries at NHS sites.

To replicate the success of the pilot elsewhere, investment in adequate clinical and office space, along with appropriate IT equipment to support uninterrupted virtual or clinical work are needed. Equally important are the leadership of senior clinicians and the commitment of consultants and managers willing to work differently. Strong collaboration with non-medical

colleagues including optometrists, orthoptists and specialist nurses is key.

For the glaucoma and medical retina pathways, technicians proved crucial. In medical retina, over 97% of injections have been delivered by nurse practitioners without any treatment delays since May 2023 – highlighting their vital contribution to the ophthalmic care team.

Ultimately, the pilot's success was driven by a flexible consultant workforce, courageous leadership, and strong teamwork. It clearly demonstrates how innovative approaches can transform ophthalmology services, effectively reducing waiting lists while improving patient experience. This case study suggests that ophthalmology units transitioning to virtual clinics can be widely beneficial.

Essential ingredients for success include:

- Bold and effective leadership
- Increased technician support to conduct the increase in visual acuity and OCT tests needed when practitioners and consultants see higher volumes of patients
- Adequate clinic space and equipment
- Teamwork and collaboration across eye care services
- Consistent and effective pathways
- Use of technical solutions such as virtual clinics.

*For further information on this case study, please contact
Liz Wilkinson via policy@rcophth.ac.uk*

References

- ¹ The Royal College of Ophthalmologists (2021).
Commissioning Guidance Age Related Macular Degeneration Services. Available at:
www.curriculum.rcophth.ac.uk/wp-content/uploads/2021/07/AMD-Commissioning-Guidance-Full-June-2021.pdf
(Accessed 7 April 2025).
- ² Alsusa, M., Ahmad, S., Smith, Z., Evans, S., Wilkinson, E. and Roberts, H. (2025).
'High patient acceptance of immediately sequential bilateral cataract surgery (ISBCS) as part of a one-stop see-and-treat pathway within an innovative NHS cataract unit',
Eye, 39, pp 1165-1169.
Available at: <https://doi.org/10.1038/s41433-024-03567-3>
(Accessed 28 April 2025).
- ³ Alsusa, M., Ahmad, S., Smith, Z., Tutchings, E., Evans, S., Wilkinson, E. and Roberts, H. (2025).
'Safety and efficacy of a novel 'One-Visit, Both-Cataracts' high-volume see-and-treat immediate sequential bilateral cataract surgery service in a public healthcare setting',
Eye. Available at: <https://doi.org/10.1038/s41433-025-03659-8>
(Accessed 28 April 2025).

© The Royal College of Ophthalmologists / May 2025

Unless indicated otherwise, this publication may be reproduced in whole or in part for non-profit or educational purposes without permission from the copyright holder. Please clearly acknowledge the source and send a copy or link of the reprinted material to the Royal College of Ophthalmologists. No images from this publication may be used without prior permission from the Royal College of Ophthalmologists.

 www.rcophth.ac.uk

 The Royal College of Ophthalmologists (RCOphth)

 @RCOphth

Charity numbers:

299872 (England and Wales)

SC045652 (Scotland)