

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 15

**Ymateb gan: | Response from: Sefydliad Cenedlaethol Brenhinol Pobl Ddall |
Royal National Institute for Blind People**

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

RNIB Cymru supports the Committee's plans to focus on the listed priorities but is keen to draw the committee's attention to the specific challenges facing eye patients and blind and partially sighted patients under several of these areas. The following information is most pertinent under strands of work covering:

- public health and prevention;
- the health and social care workforce;
- evidence-based innovation in health and social care;
- access to non-COVID rehabilitation services; and access to services for long-term conditions.



Introduction:

RNIB Cymru (the Royal National Institute of Blind People) is Wales' largest sight loss charity and represents blind and partially sighted people across the country. RNIB is pleased to submit this written evidence for your consideration and happy to supply further written or oral evidence to support your inquiries.

Around 111,000 people live with sight loss in Wales today. From difficulty accessing treatment and services, to a lack of emotional and practical support, blind and partially sighted people each face their own set of challenges every day.

The lockdown measures introduced due to coronavirus have also had a disproportionate impact on blind and partially sighted people in Wales. Social distancing is by definition more difficult – if not impossible – for those who cannot use vision to judge distance.

Covid-19 has exacerbated the situation and these inequalities. It has had a devastating impact on the health and social care system in Wales, for patients and for staff who have been at the forefront.

Eye care services in Wales were under-resourced and struggling to meet demand even before Covid ([Wales Audit Office report "Management of Follow up Outpatients across Wales"](#)). As a result of the pandemic, demand on NHS eye care is outstripping capacity to deliver a safe and effective service more than ever.

As the NHS looks to rebuild and deal with the backlog caused by the Covid-19 crisis, it is essential that eye care services are prioritised and adequately funded and that the necessary transformation work that had begun before the pandemic is accelerated as a matter of urgency.

We know the numbers of people with sight loss will increase dramatically. By 2050, the number of people with sight loss is expected to double.

Over the next 20 years ophthalmology demand is expected to increase by 16 per cent for conditions such as Glaucoma, 47 per cent for Age related Macular degeneration, 50 per cent for conditions such as cataract, and up to as high as 80 per cent for diabetic retinopathy.

Hospital Eye Services account for 10 per cent of all outpatient appointments in Wales (300,000 outpatient attendances a year) and is now the busiest outpatient specialty.

Pre-pandemic, the Wales Audit Office report revealed that waiting times in Wales NHS were already longer than ever before (ophthalmology is second worst of all disciplines).

Since coronavirus hit, we know that the eye service is experiencing a huge backlog across all eye conditions. People will have undoubtedly lost sight because of the additional wait and the true cost has yet to be ascertained.

Eye Care in Wales takes a risk based approach (see below for information about the "Eye Care Measures" launched in 2018) and is the first service to do so. This means that new and follow up patients are given a clinical risk factor and target review date based on their clinical need. Patients

who are at the greatest risk of irreversible sight loss or risk of harm are categorised as Health Risk Factor 1 (HRF1).

At the end of June 2021 the number of patients waiting over their clinically agreed review date was 102,149, of these 70% were classed as HRF R1 – those at the greatest risk of irreversible sight loss.

The pandemic has made the situation significantly worse: [Patients waiting for an ophthalmology outpatient appointment \(gov.wales\)](#)

Referral to Treatment (RTT) also show that for June 2021, 34,104 ophthalmology patients have been waiting more than 36 weeks for an appointment – 2.3 times as many patients as that time last year.

RNIB Cymru believes that the true cost and impact to eye care of Covid-19 has yet to be calculated and felt.

Explanation of Eye Care Measures

The Welsh Government introduced the [Eye Care Measures](#) to support Health Boards to prioritise patients based on their clinical needs. Wales became the first country in the UK to implement these dedicated targets for Ophthalmology in 2018. For a number of serious eye conditions regular monitoring and treatment is essential to reduce the risk of patients losing their sight unnecessarily. Delays to their treatment can put people at risk of irreversible sight loss.

The Measures prioritise all new and follow up patients based on their clinical need and every patient is given an individual target date. Of the three categories, “HRF1” patients are patients at “risk of irreversible harm or significant adverse outcome should their target date be missed”.

Issue 1: The continued delays at eye clinics is leading to too many people in Wales losing their sight unnecessarily, and the situation has worsened as a result of the Covid-19 pandemic

Areas of consideration for the Committee:

- Reviewing the data available through the Eye Care Measures. The first-of-their-kind Measures have now been in place for three years. Reporting on the Measures was paused for a period during the pandemic but has now resumed. Eye Care Measures must now be properly embedded in Health Board practise and action plans be developed to tackle performance and backlog. A national review at this point would be a timely and important exercise in supporting the Welsh Government and NHS to prioritise funding and action.
- The Wales Audit Office published “Management of Follow-up Outpatients in Wales” in October 2018, and the Public Accounts Committee published its own review into the report in August 2019. Members can view the Committee’s full report [here](#) and the Committee’s press release [here](#). In the report, the Committee outlines serious concerns about health boards’ lack of progress at reducing waiting times for outpatient follow up appointments. The following recommendations are especially relevant to eye care:
 - while pockets of good practice exist in some areas of Wales where services are being moved into the community, this is not consistent across all Health Boards
 - Health boards are not consistently sharing best practise and securing change can be challenging

- Throughout the report, it is clear that increasing pace is paramount to delivering tangible change to address concerns around outpatients – something RNIB Cymru has consistently called for.

RNIB believes it is the right time for the recommendations in both reports to be reviewed and in light of the pressures and changes necessitate by Covid-19.

- To deliver the changes needed, we must see the development of a pan-Wales eye care workforce plan that is clearly linked to capacity and demand data. Whilst some individual Health Boards are demonstrating good examples of workforce planning on a local scale, if we are to achieve service redesign and deliver additional capacity to meet current and future demand within the eye care system right across Wales, the pace of change must increase, and the work must be overseen by government at a national level. There are also many key local recruitment issues that need urgent tackling in the short term.
- The Eye Care Delivery Plan has now come to an end (2013-2020). The Welsh Government must be clear now what the 5 to 10 year vision is and the ophthalmic direction for local Health Boards and for patients.
- The move to primary care is hugely important to enabling more capacity in eye clinics for patients with the most serious conditions. While the government's approach is to be welcomed ([NHS Wales eye health care: future approach for optometry services | GOV.WALES](#)) changes must be swift and communicated clearly to patients. Accelerating the move to community-based provision must release consultant capacity, and we must see better integration of community optometry and hospital eye services and furthering the model of shared care. The overall move to primary care has been slow and inconsistent. There are great examples of best practise, but this needs speed and consistency across Wales. For example, more treatment is now being delivered through ODTs in the community, but there is still limited understanding and data on the impact ODTs are having on sustainability. Capital funding needs to be in place to resource ODTs.
- Local improvement plans need to be put in place by each Health Board to redesign services so people receive the right support, in the right place at the right time. All health boards must have a clear and expediated improvement plan to achieve the targets set in the Measures and the government's proposals for recovery.

The need to urgently increase and oversee the pace of change in health boards has been further emphasised in light of the backlog and changes necessitated by Covid-19.

Issue 2: The decline in the provision of Vision Rehabilitation in Wales means that many blind and partially sighted people are failing to receive this vital support.

In recent years, there has been a substantial decline in the number of Vision Rehabilitation Officers in Wales.

In 2018 only 12 local authorities in Wales met the Association of Directors of Adult Social Services and Social Services Improvement Agency's minimum standard of 1 ROVI per 70,000 of the population.

In 2021 this has decreased further to only 6 local authorities in Wales meeting the recommended minimum standard.

In 2021 in some areas of Wales people are waiting upwards of 12 months to see a ROVI (Rehabilitation Officer for the Visually Impaired).

The role of the ROVI is to build confidence, provide emotional support, regain lost and teach new skills, and maintain independence and choice. Given that falls in Wales are estimated to cost the NHS £67million per year, and that half of those are directly attributable to sight loss, early rehabilitation interventions provided by this service is likely to have an enormous impact.

With many blind and partially sighted people failing to receive the vision rehabilitation support, we will see an increase in the knock on impact to other services in health and social care. During the pandemic, assessments in every authority in Wales assessments were/are being carried out over the telephone, and rehabilitation plans drawn up that cannot be delivered. There will be an increase in the number of people with sight loss waiting for rehabilitation as a result.

While already under-resourced, there are also no clear plans for workforce renewal.

Key areas for consideration:

- The workforce situation must be addressed as a matter of urgency. Only 6 Local Authorities in Wales currently meet the recommended minimum standard (1 ROVI to 70,000 population) and there are no plans for training and recruitment of future ROVIs.
- The additional backlog brought on by the pandemic must be factored into resource and Covid recovery planning and funding. Local Authorities are currently accountable for delivering this Vision Rehabilitation support.
- In some areas, referral pathways are clearer than in others, leading to more referrals to the service. The process of issuing Certificates of Visual Impairments (CVIs) can be slow, impacting on when and how patients are signposted to rehabilitation support.
- All local authorities must establish a clear referral pathway to and from Low Vision Service Wales.
- Local Authorities need to ensure that new referrals receive an "assessment of need" from a qualified ROVI. This is the only way to ensure that blind and partially sighted people do not "fall through the gaps" and receive this vital support.
- The regulation of this service would go a long way to ensuring accountability and sustainability of this vital function.

Issue 3: Blind and partially sighted people in Wales are not receiving information from health services in an accessible format.

People with sight loss in Wales are not currently able to understand and make informed decisions about their own healthcare because information is not given to them in an appropriate format - and they are not routinely communicated with in a way that is appropriate to their needs.

The pandemic has shone light on the fact that the current IT systems are not fit for purpose. People received shielding letters in formats they were not able to read. More recently, vaccination appointment letters were also inaccessible to many.

Ineffective communication with patients with sensory loss is a patient safety issue. Patients are at risk by not receiving the right support to enable them to engage in and fully understand consultations with healthcare professionals, or as was highlighted more recently, about information about how to keep safe as the pandemic developed.

The Senedd's Equality, Local Government and Communities Inquiry into Covid-19 found deficiencies in the provision of information and guidance in accessible formats during the pandemic. It called for the appointment of an accessibility lead within the Welsh Government to oversee production of all key public information in accessible formats.

The All-Wales Standards for Accessible Information and Communication were introduced by the Welsh Government in 2013, and since November 2017, GP surgeries in Wales have had the functionality to identify and record the information and communication needs of their patients with sensory loss. However, these have not led to demonstrable change for blind and partially sighted people in Wales.

Key areas for consideration:

- NHS services should ensure that people with sight loss are asked about their communication needs and any information is provided in their preferred accessible format. This should include: receiving letters, test results and appointment reminders in an accessible format by right and without fight, enabling the same levels of independence and privacy expected by everyone else.
- Key staff within health boards should receive training to better understand the communication needs of blind and partially sighted people and how to meet their communication preferences.
- Systems should be in place in primary and secondary care to record patients' communication preferences and to support staff to proactively deliver on patients' stated preferences.
- A national lead for accessible information needs to be appointed responsible for ensuring accessibility is embedded into communications and ensure compliance as soon as possible.
- Health Boards must be held to account more robustly over the implementation of the Standards and they must be clear with the public how they will do this. This is a patient safety issue.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
 - b) social care and carers;**
 - c) COVID recovery?**
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Gwasanaethau iechyd

Health services

The key issues that RNIB Cymru urgently believes that the Committee should review have been detailed above.

Gofal Cymdeithasol a gofalwyr

Social care and carers

The key issues that RNIB Cymru urgently believes that the Committee should review have been detailed above.

Adfer yn dilyn COVID

COVID recovery

The key issues that RNIB Cymru urgently believes that the Committee should review have been detailed above.

Unrhyw faterion eraill

Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

RNIB Cymru also supports the calls for an inquiry across all Senedd Committees on tackling health inequalities in Wales. Meaningful progress will require coherent efforts across all sectors to close the gap and an inquiry undertaken by all Senedd Committees will enable Committees to consider what action each Welsh Government department is doing to tackle the root cause of health inequalities and put forward recommendations around where improvements are needed.

Further detail available on request.