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Health and Social Care Committee
Welsh Parliament
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Letter sent via email to: SeneddHealth@senedd.wales

[redacted]

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Dear Health & Social Care Committee,

I am writing to you to inform your ongoing work monitoring progress towards the ambitions set out in the Welsh Government's plan for transforming and modernising planned care.

RNIB Cymru is concerned that the waiting list reduction targets outlined in the plan fail to account for clinical prioritisation targets. As a result, there is a lack of political attention and scrutiny on publicly available clinical prioritisation targets such as the Eye Care Measures for NHS outpatients.

Health boards do not appear to be being held accountable for meeting these targets, which is allowing for clinically inappropriate decision making and negative outcomes for patients.

Background

In 2019 the Welsh Government introduced the **Eye Care Measures for NHS Outpatients in Wales (ECM)** after concerns were raised that Ophthalmology services across Wales were struggling to manage key issues around capacity and demand. Patients were waiting far too long from initial referral from primary care to follow-up assessment and treatment. This caused significant numbers of patients with treatable conditions to permanently lose their sight.

Wales was the first country in the UK to introduce these dedicated clinical prioritisation targets for Ophthalmology. Introduction of the ECM aimed to shift the focus away from traditional RTT targets in favour of a more prudent approach to waiting list management and clinical prioritisation. Unlike RTT, the ECM allows for clinical capacity to be directed to the most clinically urgent cases to ensure that patients with the highest levels of risk associated with their condition are treated in a safe and clinically appropriate timeframe.

This is critical for Ophthalmology because a significant number of patients need to be seen much sooner than the 26 week RTT target in order to mitigate the risk of irreversible harm or blindness. Under the ECM system, all new and follow-up patients are allocated a Health Risk Factor based on their clinical need and given an individualised target date for when they should be seen. HRF categorisations are as follows:

R1 – risk of irreversible harm or significant patient adverse outcome if target date is missed.
R2 – risk of reversible harm or adverse outcome if target date is missed.
R3 – no risk of significant harm or adverse outcome.

Each month the Welsh Government publish statistics on the number and percentage of attendances for those patients assessed as being at risk of irreversible harm or significant adverse outcome should their target date be missed (R1). **In short, patients categorised as R1 are at real risk of going blind or suffering significant, irreversible sight loss if their treatment is delayed.**

What does the latest ECM data show?

Latest available ECM data for February 2023 shows that less than half of the 138,646 patients (48.6 per cent) categorised as being at the

highest risk of irreversible harm (R1) were seen within their clinically safe target date.

This means that over 71,000 people in Wales are waiting too long for treatment and are at risk of preventable sight loss.

Since July 2020, there has not been a single month when over half of R1 patients have been seen within their clinically safe target date.

What is being done?

Plan for transforming and modernising planned care and reducing waiting list targets

The waiting list reduction targets set by the Welsh Government's that are relevant to Ophthalmology are:

- No one waiting longer than a year for their first outpatient appointment by the end of 2022.
- Eliminate the number of people waiting longer than two years in most specialities by March 2023.
- Eliminate the number of people waiting longer than one year in most specialities by Spring 2025.

These targets focus entirely on the length of time people wait for an initial appointment but do not focus on clinical prioritisation or on follow up treatments that are necessary to save people's sight. This means there is no political imperative to prioritise people who are at risk of irreversible sight loss over those with less urgent conditions which are quicker to treat and therefore make a greater impact against government waiting list targets.

We have been made aware that decisions are being made in some health boards which are clinically inappropriate. For example, redeploying Ophthalmologists from Age-related Macular Degeneration (AMD) injection clinics in order to treat lower risk but quicker to treat conditions like cataracts. The decision to prioritise cataract treatment over AMD is completely at odds with the clinical prioritisation agenda that the ECM were brought in to embed.

AMD is a condition that can cause irreversible harm to patients if they wait beyond their target date for treatment. Patients with Wet AMD can

experience rapidly progressing, permanent sight loss over the course of weeks or even days. Patients on the AMD pathway require regular treatments to ensure they maintain their sight and are therefore categorised as R1. In contrast, Cataracts are a condition that can cause harm but once treated the adverse effects are able to be reversed. Cataract pathways are therefore categorised as R2. Cataracts, however, are much quicker to treat than AMD.

Optometry reform

The Welsh Government has begun work on an ambitious programme of reform of Optometry services. Community-based optometrists will play a greater role in eye health treatment, diagnosis and aftercare. This will help to free up the capacity of Ophthalmologists to focus on the treatment of blinding eye disease that only they can treat. RNIB Cymru welcomes this initiative, but full implementation will take a number of years and patients continue to be at risk of avoidable, permanent sight loss.

Optometry reform will not solve this crisis in and of itself. Demand for hospital eye care services is far outstripping capacity. Eye health care services are some of the busiest in Wales with hospital ophthalmology clinics seeing 10 per cent of all outpatient appointments - and this is expected to increase by 40 per cent in the next 20 years.[1]

HBs will still need sufficient Ophthalmic capacity in secondary care to treat patients most at risk of avoidable sight loss. Only radical transformation of Eye Care service in Wales will stop patients from going blind unnecessarily. Ultimately, only Ophthalmologists can perform sight saving treatments and there is no plan in place to solve the urgent workforce shortage in secondary care.

Independent Review of Eye Care Services in Wales

An independent review commissioned by the Royal College of Ophthalmologists in 2021 described the staffing situation in certain health boards as “extremely serious” and “very fragile”.[2] The Royal College of Ophthalmologists advises that there should be 3.0 and 3.5 Consultant Ophthalmologists per 100 000 population. In England the reality varies between the best case of 3.1 in London, and 1.8 in the East of England. For Wales the number is 1.8.

[1] RNIB (2022) Sight Loss Data Tool

[2] Andrew Pyott (2021), External Review of Eye Care Services in Wales (rcophth.ac.uk)

The report recommended the establishment of three regional centres of excellence across Wales. These centres would encourage new recruitment and allow for Ophthalmic capacity, expertise, and technologies to be pooled to ensure an efficient and sustainable service. Each centre would deliver specialist visiting services in surrounding areas to enable people with conditions that require frequent treatments to access these closer to home.

Work is underway within Welsh Government to consider the recommendations of this report and the future of Eye Care Services in Wales. The report is due at the later end of the year. However, there has been no public Ministerial commitment to transformation and there are still no plans in place for reducing the numbers of people at risk of avoidable sight loss waiting beyond their target date in the **short, medium or long term.**

Four years since the ECM were first introduced, increasing numbers of people in Wales are still needlessly losing their sight whilst waiting for NHS treatment.

Radical action must be taken now.

Summary

We ask that the Committee consider these issues when undertaking analysis and scrutiny of the Welsh Government's waiting list reduction plan and when developing its termly monitoring reports.

In addition, we would be grateful if you would ask the Minister for Health and Social Services how they will ensure high quality, sustainable eyecare services that drive progress against the ECM. Plans must address capacity and workforce challenges and include timescales and targets for reducing the numbers of patients waiting beyond their clinically safe target date. They should also set out how principles for treatment and prioritisation of high-risk patients can be embedded into clinical decision making and waiting list management.

We would be happy to meet with the Committee or with individual Members to discuss any of these issues in more detail.

Kind regards

Ansley Workman, Director, RNIB Cymru

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