



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Ein cyf / Our ref: CS/EG(CE25/0319)

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Dyddiad / Date: 6 May 2025

Sent by email - SeneddHealth@senedd.wales

Dear Chair,

RE: Inquiry into ophthalmology services in Wales - Betsi Cadwaladr University Health Board submission

Thank you for inviting the Health Board to provide information for your Committees Inquiry into ophthalmology services in Wales. I am pleased to be able to attend the Committee to assist in this key area of healthcare for the people of Wales. The Health Board is prioritising the development of effective services for people with eye care needs with this service areas highlighted as a core delivery area within the Board-approved Integrated Medium-Term Plan. I therefore enclose the 'Working Draft' Eye Care Integrated Specialty Plan for 2025/26. This Plan is currently being further developed to enable a comprehensive approach to service improvement. In addition, the Health Board has committed to developing its long-term (10 year) strategy and associated Clinical Services Plan and with both being actively progressed over the coming months. This will enable a clearer medium and long term approach to be established.

The Health Board is currently at Level 5 (Special Measures) Escalation and as such is focusing on enabling significant and rapid improvement in a range of areas. The latest Welsh Government report on Special Measures has highlighted the progress and improvements that have been made with key steps having been taken in terms of leadership and culture, governance and financial governance. It also recognised the commitment to delivering further, significant improvement particularly in the area of timely access to services. A significant reduction in the number of people waiting for outpatient appointments and/or treatment has been achieved during Quarter 4 2024/25 and these improvements are continuing into 2025/26.

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I hope you find the information provided in advance helpful and I look forward to assisting the Committee in its work.

Yours sincerely,

Carol Shillabeer
Prif Weithredwr/Chief Executive



NOTE - WORKING DRAFT (subject to further review and approval)

Eye Care Integrated Specialty Plan 2025/2026

The purpose of this plan is to improve the safety and experience of our patients and support the delivery of sustainable services. By bringing together multiple sources of intelligence and insights, the plan builds on current service provision and developments to provide an integrated quality plan for implementation across Betsi Cadwaladr University Health Board (BCUHB) ophthalmology services.

• Executive Summary

As a designated 'challenged service', the health boards Eye Care service is experiencing a combination of workforce gaps, ageing facilities, financial pressures and demand far outstripping current capacity; further strained by a post pandemic surge in waiting times, the result is a significant backlog of patients waiting for care and treatment, with 686¹ patients waiting 104 weeks and over from referral to treatment, and long waits for follow-up's, leaving patients at risk of irreversible harm whilst waiting to be seen.

As current and future projected demand for ophthalmic services and its subspecialties continue to grow, along with the known challenges of workforce and physical infrastructure, the health board will apply a Quality Management System (QMS) approach i.e., quality plan, control and improve to assure eye care services **improve timeliness of access by maximising capacity and productivity, reducing patient harm and improving their experience.**

The future of eye care in North Wales aligns with that of the wider nation, to move towards fully integrated pathways where patients receive care and treatment closer to home and, where appropriate, move seamlessly between primary, community and secondary care. Equality and equity of the care provided is also key and the health board continues to plan for regional working opportunities through the delivery of the Welsh General Ophthalmic Services (WGOS) pathways, Getting It Right First Time (GIRFT) recommendations to improve productivity and efficiency, demand and capacity modelling and progressing the workforce planning and estates review.

The delivery priorities are underpinned by the recommendations and evidence-based best practice of GIRFT, Royal Colleges, National Audit, National Clinical Networks, and the National Clinical Strategy for Ophthalmology as well as the NHS Wales Technical Planning and Performance Framework 2025-28. This enables an integrated specialty plan to be developed, aimed at improving timely access to care, and reducing unwarranted variation in clinical productivity and effectiveness.

Work is already underway with implementation of integrated pathways between Primary and Secondary Care services to support timely diagnostics, monitoring, and management of patients to minimise risk of harm. This is supported by ongoing review of concerns (incidents, complaints, claims) and patient feedback to ensure that the patient's voice is at the heart of service planning. However, it is recognised that despite efforts, patients continue to be at risk of coming to harm and the health board is acting with urgency to improve the quality of eye care services for the population of North

¹ As at 31 March 2025

Wales; addressing the entire patient pathway and its key enabling functions (*estates, workforce, technology*).

• Service Context

The health board has three sites providing specialist eye care services to both planned and emergency care. Two services are located within District General Hospitals: Ysbyty Wrexham Maelor, East Integrated Health Community (EIHC) and Ysbyty Gwynedd, Bangor, West Integrated Health Community (WIHC), with a third service located in Abergele Community Hospital, Central Integrated Health Community (CIHC). Eye surgery is delivered in four theatres: two in Abergele, one each in Ysbyty Wrexham Maelor and Ysbyty Gwynedd. Eye care services are also provided at Community Hospitals Deeside (EIHC), Holywell and Colwyn Bay (both in CIHC). Tertiary care is provided by the Countess of Chester and The Royal Shrewsbury Hospital for border GP referrals and specialist care at Liverpool and Manchester Hospitals for consultant-to-consultant referrals.

There are 70 privately owned and managed accredited Eye Health Examination Wales Optician providers across North Wales, providing eye tests, acute condition care (where appropriate) and referral to hospital eye care services when required. In addition, National Optometric Reform Pathway delivery is progressing across the region with primary care Optometrists providing an extended range of ongoing management for patients who previously would have been referred to and/or managed by hospital eye care services, including primary care referral refinement, patient monitoring and prescribing.

Most of the demand for services is planned (as opposed to emergency) care e.g. cataract referral to treatment (approximately 2500 patients awaiting new appointments*) and chronic, long term monitoring conditions such as glaucoma, medical retina (e.g. age-related macular degeneration) and diabetic retinopathy (approximately 15000 patients, combined, awaiting follow up appointments*).

Emergency services are provided via three nurse led eye casualties within the three hospital locations. Out of hours and on call medical cover (5pm – 10pm weekdays, 9am – 10pm weekends) is provided at both Ysbyty Wrexham Maelor and Ysbyty Gwynedd, with Abergele Community Hospital providing all other on call.

In 2023, the Getting It Right First Time (GIRFT) Project Team conducted a review of cataract service delivery (with an addendum added following a further review of glaucoma services) at BCUHB. GIRFT is a national programme (in England) that is designed to improve patient care, by reducing unwarranted variations in clinical practice; it helps identify clinical outliers and best practice amongst healthcare providers, highlights change that will improve patient care and outcomes and delivers efficiencies and cost savings. The review indicated that whilst there was evidence of cross-site collaborative working, most recommendations focussed on improving this and improved utilisation of the full estate and theatre space available.

The BCUHB Board Assurance Framework (BAF) includes eye care associated organisational risks that encompass the challenges faced by planned care including risks to sustainable key health services, timely access to Planned Care, culture (through engagement of its workforce) and workforce optimisation.

* Data taken from BCUHB IRIS dashboard 'Eye care clinical condition dashboard' accessed 24/04/2025 but recognised issues with coding accuracy, variation, and null clinical condition

• Capital including estates & facilities

BCUHB estate comprises of a range of property types from which it delivers eye care services, from acute hospitals to primary care and community facilities. A considerable proportion of BCUHB estate (circa 45% in 2023) is greater than 40 years old and eye care service delivery is currently being impacted by ageing and fragile estate. BCUHB Estates are undertaking a 6-facet survey (physical condition, statutory requirements, functional suitability, environmental management, space utilisation and quality of environment) which will inform future estate sustainability plans.

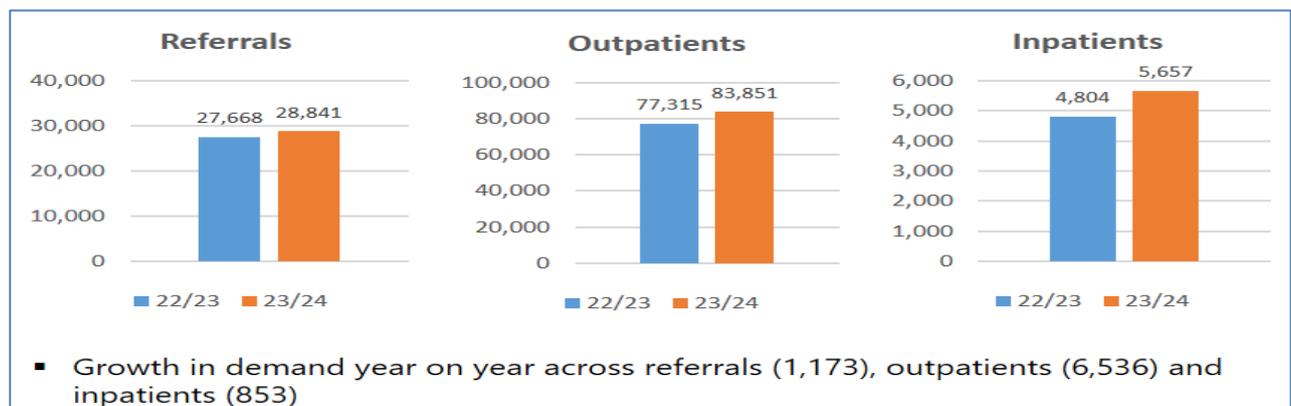
The ability to provide services at their current locations face significant challenges relating to ageing buildings, fragile infrastructure, and access issues. These include fragile theatre ventilation systems in Abergele, resulting in theatre cancellation and Ysbyty Wrexham Maelor clinic rooms which have areas non-compliant with disability access. Ysbyty Gwynedd does not have a designated Intravitreal Therapy (IVT) suite, reducing theatre cataract capacity by 20% (a clean room solution business case is in progress).

Immediate repairs have been undertaken to mitigate the risk of the impact of disrepair of ageing estates, however long-term sustainable solutions are required which will need financial investment.

ACTION - To be completed by Quarter 2: 2025/2026
Undertake an estates review to identify improvements to existing estates (ensuring facilities in use are fit for purpose and up to modern standards) and further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home.

• Population Health, Prevention & Partner Working

Current data demonstrates a growth in demand for hospital eye care services, year on year (2022/23, 2023/24), across referrals, outpatients, and inpatients:



With several recognised risk factors that predispose the population to developing eye diseases (with ageing being one of the most significant risk factors, particularly for cataracts), it is expected that the demand will continue to grow. This is confirmed within the Royal College of Ophthalmology 'Way Forward' (2019, RCOPth), the NHS Wales Eye Health Care *Future Approach for Optometry services*

(2021) and 'Drivers and predictions regarding future demand for Ophthalmology surgical services in North Wales' (2025).

The growth of the UK diabetic population is likely to carry implications for the diabetic retinopathy population. Research also demonstrates a clear correlation between obesity and the prevalence of other eye diseases such as wet macular degeneration and glaucoma. Ethnicity and deprivation also play a role in heightening the risk of developing eye care diseases.

Prevention and early intervention opportunities include referral refinement/filtering, community optometry monitoring and management, and support of population screening pathways (WGOS 4 pathway – see below for explanation of pathways).

Wales General Ophthalmic Services (WGOS) were introduced on 20 October 2023, with unification of the service architecture, governance and evaluation across Wales to provide care closer to home and ensure that people only attend hospital eye services when required. WGOS is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices. WGOS is a tiered Service comprising of five tiers, ranging from eye examination to independent prescribing.

The delivery of WGOS across the health board has continued to progress, with notable developments in the implementation of WGOS 4 pathways. This pathway encompasses patients under the categories of glaucoma, medical retina, and those on medications with known retinal toxicity risks, such as hydroxychloroquine (HCQ). WGOS 4 is expected to have the greatest impact on secondary care activity, as it supports the filtering and monitoring of patients in primary care and facilitates discharge to monitor stable conditions outside of hospital settings.

This change is a positive step forward in the evolution of WGOS service delivery. It demonstrates how activity can be effectively shifted from secondary to primary care, bringing services closer to home for patients and improving efficiency across the system.

To spread, scale and sustain the success of WGOS 4 pathway requires national workforce investment to support Optometrists in undertaking post-graduate qualifications. This is now in place with positive potential for progressive future expansion of Primary Care Higher Certificate workforce.

To mitigate the shortfall in professionals with higher certification, the health board has introduced two data capturing pathways to reduce longest waits for glaucoma and retinopathy and one screening pathway for unreadable diabetic eye screening Wales referrals.

ACTION - To be completed by Quarter 4: 2025/2026

Optimise available resource (financial and human) to deliver expansion of locally agreed regional integrated pathways (glaucoma and retinopathy) with Community Optometrists to provide care closer to home and additional capacity.

• Performance

The health board service teams continue to book patients on basis of priority and wait order, in line with Ministerial Target longest waiters/breach and those patients 100% over target date R1 (patients at highest risk of irreversible damage) breach redress.

Productivity, utilisation, and efficiency is reported via the Eye Care Measure National Key Performance Indicators Target Performance (ECM KPI's) and Ministerial Target Performance.

Waiting time performance per breach position (submitted March 2025)	
Greater than 156-week breach position	13 patients
Greater than 104-week breach position	686 patients
Greater than 52-week breach position (Stage 1 only)	6036 patients

Performance against Eye Care Measures (submitted March 2025)					
Measure	Nov 2024	Dec 2024	Jan 2025	Feb 2025	March 2025
Percentage of patient pathways assessed as health risk factor 1 (R1) * waiting within target or no more than 25% beyond target date for an outpatient appointment	47.1%	45.9%	46.2%	45.8%	44.7%
Percentage of patient pathways assessed as R1* who were seen within target date or no more than 25% beyond target date for an outpatient appointment	53.1%	54.4%	49.6%	53.4%	56.3%

* Patients at highest risk of irreversible sight damage

Currently demand and capacity models are run at specialty level. Within ophthalmology there are particular sub-specialty gaps e.g. Oculoplastic, which are not always evidenced within capacity planning. Work is required to fully understand the demand and capacity at sub-specialty level requiring improvements in data availability; although this specialty does have a high completion rate for clinical condition which would support this work. The other area of variation is the cataract pathway which does account for some variation across the sites with regards to 52-week stage 1 (waiting for a new outpatient appointment) backlog where parts of the organisation have implemented direct to list. This will be progressed fully across other parts of the health board, moving away from stage 1 appointments being established for cataract routine referrals.

The current demand and capacity is limited to the delivery of the Referral To Treatment (RTT) pathway and does not include the Eye care measure / follow up activity which forms the larger portion of ophthalmology activity. The health board intention is to systematically expand the deployment of demand and capacity assessment across all elements of service.

Stage 1 (Waiting for a new outpatient appointment) - 52 weeks modelling for 2025/2026								
	Derived Demand	52 week Backlog	Core Capacity	Funded Solutions	Unfunded Solutions	Predicted Year End Position - Core Delivery	Predicted Year End Position - Core Delivery with Funded Solutions	Predicted Year End Position - Core Delivery with Solutions
West IHC	4173	1488	3314	263	2652	2347	2084	0
Central IHC	7702	2432	4986	96	2530	5148	5052	2522
East IHC	3328	2094	3214	875	288	2208	1333	1045

Stage 4 (Waiting for an admitted treatment)- 104 modelling for 2025/2026								
	Upstream Demand	104 Demand	Core Capacity	Funded Solutions	Unfunded Solutions	Predicted Year End Position - Core Delivery	Predicted Year End Position - Core Delivery with Funded Solutions	Predicted Year End Position - Core Delivery with Solutions
West IHC	160	1143	1890	142	36	0	0	0
Central IHC	335	1081	3175	0	408	0	36	0
East IHC	454	657	1428	54	144	0	818	878
ACTION - To be completed by Quarter 3: 2025/2026								
Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub-specialities								
Ensure improvements in Data Quality, through a Data Quality Group and recruitment of data quality validators, to inform service planning, delivery, and monitoring effectiveness								

Whilst current capacity is impacted by workforce and estate issues, further work, identified by GIRFT, needs to be done to address process variation against best practice in the number of High Volume Low Complexity (HVLC) cases undertaken per session across the region, theatre utilisation efficiencies including minor operative procedures (MOPS), pre-operative assessments, pathway improvements and outpatient activity, Did Not Attend (DNA)/Could Not Attend (CNA) monitoring and ensuring the consistent and reliable use of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU)) .

To support delivery of regional service efficiencies, the Health Board is exploring the development of centralised sub-specialty hubs. A centralised hub delivers end to end pathways that facilitates high quality, high flow surgical lists, using standardised pathways agreed across the region.

ACTION - To be completed by Quarter 4: 2025/2026
Develop and implement the priority actions within the Health Board Planned Care Programme and specifically the 6 key workstreams:
1. Waiting list management
2. Referral advice and assistance
3. Booking
4. Pre-operative and Operative Effectiveness
5. Follow-Ups
5. Planning and commissioning

ACTION - To be completed by Quarter 4: 2025/2026
Deliver cataract pathways efficiencies to improve timely access through pre-operative assessment clinic (POAC) process improvement, direct listing, increased theatre utilisation (including HVLC) and MOPS and monitoring of cancelled appointments and DNA to ensure maximum utilisation of available capacity and resources.
Embed SOS and PIFU, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment
Develop proposals to inform business cases for sustainable regional service delivery, including centralised sub-specialty hubs

• Patient Safety, Experience and Effectiveness

The health board has developed a Quality Management System and is currently implementing this through the organisation. In addition, through the Integrated Concerns Management Policy, all incidents, complaints and claims are investigated and acted upon. During 2024, within ophthalmology services across the health board, there were 17 complaints graded as potential moderate to severe harm, approximately 96 reported incidents ranging from none to severe harm, and 6 claims for clinical negligence.

From the 1st April 2024 to 31st December 2024, 2612 All Wales Real-Time Patient and Carer Feedback Survey responses were received via Civica feedback system relating to Ophthalmology Service experiences. On average, patients rated their experience as 9.13 out of 10 with positive feedback themed around staff attitude and behaviour. Patients felt that improvement was needed in areas such as communication and travelling time to access care: *"lack of communication and paperwork between the two hospitals involved, 2 (two) separate files for the same information. Which could have avoided NHS staff time and patient travelling time."*

ACTION - To be completed by Quarter 4: 2025/2026
Embed systematic review of stakeholder feedback into service improvement planning as integral part of the Quality Management System
Undertake focussed harm reviews within an integrated concerns management approach, applying the learning to reduce harm and improve the experience of future care.

• Workforce expansion and training

High quality eye care is reliant on a highly trained and flexible workforce, with strong clinical leadership to drive improvements through to achieve sustained and improved patient outcomes. The health board is committed to reviewing the current operational workforce to identify opportunities for role expansion and plan for increased training capacity e. g. 'Treat and train,' aligned with the aim of the National Workforce Implementation Plan to build a sustainable NHS workforce for the future through recruitment, retention, training and development, technology, and workforce intelligence.

The hospital workforce includes ophthalmologists, registered nurses, healthcare support workers, allied health professionals (orthoptists), additional clinical service staff and administrative staff. 45 medical staff with 18.3 whole time equivalent (wte) consultants and 2.2 wte Associate Specialists. The non-medical workforce is 56 wte registered nurses and healthcare support workers, 11.5 wte orthoptists and 7.35 wte administration staff. The Health Board's annual programme costed budgetary spend for Ophthalmology is £18.4 million.

Reliance on temporary staffing was highlighted by GIRFT, the All-Wales Audit and the National Clinical Strategy for Ophthalmology, as although the Ophthalmology temporary staffing rate (11.2%) is in line with BCUHB trend, the West IHC service is highlighted as "fragile" in terms of locum dependency and impact on engagement for change.

Nursing is the largest proportion (39.7%) of the service workforce, with marginal increases seen in Allied Health Professional (AHP) and Additional Clinical Services (ACS) staffing over a 3-year period. There has been a significant decrease in Administration and Clerical (A&C) staff, with relative stability amongst the Eye Care Medical workforce. Sustainability is at risk, with the Royal College of

Ophthalmology workforce scope (2022) identifying that 65% of Ophthalmologists plan to leave the NHS within 5 years. The National Clinical Strategy for Ophthalmology (2024) suggests that 3.2 consultants are minimally required per 100,000 population. This equates to 22 wte for BCU in comparison to the current 14.2 wte Consultants.

Recruitment and retention remain a significant challenge with turnover peaking at 14.7% in Q3-Q4 2022-23, reducing to current 8.9% in comparison with BCUHB 5.9% trend. AHP, A&C and middle grade medics have the highest turnover, with five Optometry advisors leaving in less than 4 years. Consistent administration resource is essential for utilisation of BCUHB integrated Optometry pathways. Resilience has been challenging due to sickness, retention and fixed term contract resourcing.

Retention is linked to staff satisfaction. Over a two-year period, staff survey indicated a declining position against key staff experience quality indicators. The 2024 position indicating red rag rating against all parameters. Rolling sickness is of concern, consistently increasing to current 8.3% versus BCUHB 4.2% trend.

ACTION - To be completed by Quarter 1: 2025/2026
Recruitment to a regional clinical lead role to support service transformation and improvement.
ACTION - To be completed by Quarter 2: 2025/2026
Develop an integrated training plan for secondary and primary care.
ACTION - To be completed by Quarter 4: 2025/2026
Strategic and operational workforce planning has commenced across all professional groups to identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the service maintains a highly skilled, flexible, and appropriately staffed workforce.

- Digital**

National Digital Transformation systems (e-referral and Electronic Patient Records) are deemed essential for the effective delivery of transformation and improvement to deliver more sustainable services. These technologies support the efficient flow of information across the region, streamline referrals, track patient progress and deliver integrated care with community partners e.g., opticians.

Due to delays in the National digital programme 'Open Eyes' and following the GIRFT visit (2023) an interim solution for e-referrals has been trialled via secure email e-referral and Consultant Connect Referral Refinement and is currently being rolled out regionally.

ACTION - To be completed by Quarter 2: 2025/2026
Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment while awaiting national systems delivery

• Summary

Eye care services are a significant priority for the health board, noting the challenge of a service under pressure due to the increased number of people waiting for an ophthalmology appointment, both as a new referral into the service and for a follow up appointment to monitor an existing eye condition. The health board is keen to organise eye care services around local patient need rather than within care boundaries, by prioritising pathway integration and increased efficiency and productivity based on best practice to deliver more high-quality care.

The health board recognises the challenges it faces in eye care delivery and has put in place short term solutions as well as medium to long term improvement plans. Working with internal and external stakeholders e.g., Welsh Government (WG) through the NHS Executive and National Clinical Networks and third sector partners.

Priority Actions for 2025/2026

Planned Care Programme Priorities	
Develop and implement the priority actions within the Health Board Planned Care Programme and specifically the 6 key workstreams: 1. Waiting list management 2. Referral advice and assistance 3. Booking 4. Pre-operative and Operative Effectiveness 5. Follow-Ups 5. Planning and commissioning	Q4
Capital including Estates and Facilities	
Undertake an estates review to identify improvements to existing estates (ensuring facilities in use are fit for purpose and up to modern standards) and further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home.	Q2
Population Health, prevention and Partner working	
Optimise available resource (financial and human) to deliver expansion of locally agreed regional integrated pathways (glaucoma and retinopathy) with Community Optometrists to provide care closer to home and additional capacity.	Q4
Performance	
Embed SOS and PIFU, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment– by Quarter 1 2025/2026	Q1
Ensure improvements in Data Quality, through a Data Quality Group and recruitment of data quality validators, to inform service planning, delivery, and monitoring effectiveness.	Q2
Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub-specialities.	Q3
Deliver cataract pathways efficiencies to improve timely access through pre-operative assessment clinic (POAC) process improvement, direct listing, increased theatre utilisation (including HVLC) and MOPS and monitoring of cancelled appointments and DNA to ensure maximum utilisation of available capacity and resources.	Q4
Develop proposals to inform business cases for sustainable regional service delivery, including centralised sub-specialty hubs.	Q4

Patient Safety, experience and effectiveness	
Embed systematic review of stakeholder feedback into service improvement planning as integral part of the QMS.	Q1
Undertake focussed harm reviews within an integrated concerns management approach, applying the learning to reduce harm and improve the experience of future care.	Q4
Workforce	
Recruitment to a regional clinical lead role to support service transformation and improvement.	Q1
Develop an integrated training plan for secondary and primary care.	Q2
Strategic and operational workforce planning has commenced across all professional groups to identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the service maintains a highly skilled, flexible, and appropriately staffed workforce.	Q4
Digital	
Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment while awaiting national systems delivery.	Q2