

Subject: Pacesetter 2017/18 Programme Review – ODTc

Date: April 2018

Background

Pacesetter funding has enabled The ODTc initiative to be developed, testing the new model as a pilot with the anticipation of wider implementation should the pilot be successful with the primary objective of shifting care from secondary to primary care.

In summary, priorities for the project

- Eradicate delayed Follow Ups for Glaucoma;
- Meet RTT target for ophthalmology;
- Reduce number of significant events reported for patients who come to harm on delayed waiting lists;
- Skill mix of service delivery
- Provide services delivered closer to home

What went well?

We currently have 6 ODTc practices for Glaucoma which deal with follow up patient review as well as seeing new patients in order to help reduce waiting times for our glaucoma patients. This service provides patients across Gwent with an option of service provision closer to home and helps the Health Board work towards minimising appointment delays thus reducing potential harm. This change in working practice helps enhance the skills of our optometrists in the community and will enable further changes going forward i.e. with developed skills we could move towards a decision making process with clinical audit being undertaken by our consultants. This however is reliant on an Electronic Patient Record being in place.

ODTc has been a significant success in terms of utilising facilities external to the secondary care environment.

Additional Glaucoma ODTcs in place and functioning

New patients January 18 to March 2018

- 204 New patients assessed,
- 27 DNA
- 63 CNA

Overall total June 17 to March 18

- 948 patient documents sent to ODTc
- 613 Assessed
- 97 DNA
- 178 CNA
- 60 Remaining to be assessed

Increase number of glaucoma cases that can go to ODTc

Follow up patients January 2018 to March 2018

- 620 FU patients assessed
- 43 DNA
- 138 CAN

Overall total April 17 to March 18

- 3028 patient documents sent to ODTc
- 2197 Assessed
- 150 DNA
- 503 CNA
- 179 Remaining to be assessed

What didn't go so well?

Delay in introducing Electronic Patient Record

- Business case being developed
- Executive support is in place

This will enable more complex patients to go to the ODTc as investigation results will be easily auditable and patients with the greatest clinical need will be easily identified

What did we learn?

Encourage additional new referrals through the new patient pathway

The current model has been operation since February 2017 and service confidence has grown significantly in that time.

There are still patients being seen in secondary care who could and should be seen through the ODTc and by the end of 2018/19 this will work will have been concluded.

Withdrawal of funding would add to the existing pressures within secondary Ophthalmology services. Glaucoma medical recruitment is challenging and would add to the patient wait significantly.

Greater cost implications felt elsewhere in the system.