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Agenda - Public Accounts Committee

Meeting Venue:

Committee Room 3 – Senedd

Meeting date: 1 April 2019

Meeting time: 13.15

For further information contact:

Fay Bowen

Committee Clerk

0300 200 6565

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(Private pre-meeting)

(13.15-13.30)

1 Introductions, apologies, substitutions and declarations of interest

(13.30)

2 Paper(s) to note

(13.30 – 13.35)

2.1 Scrutiny of Accounts 2017-18: Letter from the Chair of the Culture, Welsh Language and Communications Committee (20 March 2019)

(Pages 1 – 2)

2.2 Committee working practices and procedures: Letter from the Chair of the Constitutional and Legislative Affairs Committee (15 March 2019)

(Pages 3 – 4)

2.3 Management of follow up outpatients across Wales: Additional Information from Cardiff & Vale University Health Board (March 2019)

(Pages 5 – 6)

3 Management of follow up outpatients across Wales: Evidence Session with Royal National Institute for the Blind (RNIB) Cymru

(13.35 – 15.00) (Pages 7 – 38)

Research Briefing

PAC(5)-10-19 Paper 1 – Paper from RNIB

PAC(5)-10-19 Paper 2 – RNIB patient study

Cynulliad Cenedlaethol Cymru

National Assembly for Wales

PAC(5)-10-19 Paper 3 – Welsh Government Statement: Introduction of a new eye care digital system and transformational funding for eye care services (13 March 2019)

Ansley Workman, Director, RNIB Cymru
Elin Haf Edwards – External Affairs Manager, RNIB Cymru
Gareth Davies – Stakeholder Engagement Lead for Eye Health and patient representative, RNIB

4 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

(15.00)
Item 5

5 Management of follow up outpatients across Wales: Consideration of evidence received

(15.00 – 15.30)

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Diwylliant, y Gymraeg a Chyfathrebu

National Assembly for Wales
Culture, Welsh Language and Communications Committee

Agenda Item 2.1

Nick Ramsay AM

Chair, Public Accounts Committee

National Assembly for Wales

20 March 2019

Dear Nick,

Supporting and Promoting the Welsh Language

Thank you for your letter dated 5 February 2019 in which you raise an issue with regard the publication of the Welsh language version of the Welsh Government's consolidated accounts. You note that the Welsh and English versions were not laid concurrently, with the Welsh language version published 12 days after the English version. We as a Committee share your concerns.

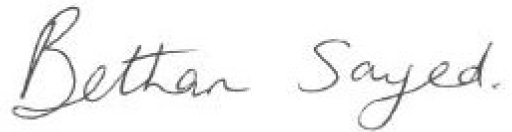
In addition to this example of the Welsh Government's failure to meet its legal obligations to treat the Welsh language no less favourably than English you mention the Committee has 'wider concerns about the Welsh Government's commitment to promote and facilitate the use of the Welsh language in its internal arrangements'.

You have suggested we, as a Committee, invite Shan Morgan, Permanent Secretary to the Welsh Government to discuss these issues and contribute oral evidence as part of our inquiry into supporting and promoting the Welsh language. Our inquiry has now concluded, and we plan to publish the report in early May.

However, to address the concerns highlighted, we will invite Shan Morgan to attend our planned scrutiny session alongside Eluned Morgan AM, Minister for International Relations and the Welsh Language on 10 July 2019. This will provide an opportunity to explore the issues brought to our attention further.

I will write to you with an update on our session following the meeting.

Yours sincerely,



Bethan Sayed

Chair of the Committee

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol

National Assembly for Wales
Constitutional and Legislative Affairs Committee

Agenda Item 2.2

Committee Chairs

15 March 2019

Dear Chairs

Inter-Institutional relations agreement between the National Assembly for Wales and the Welsh Government

In February 2018 we issued our report ***UK governance post-Brexit***. Its purpose was to examine existing inter-governmental relationships to determine whether they are fit for purpose and to assess whether they need to change.

The final recommendation of our report was that the Welsh Government enters into an agreement with the Constitutional and Legislative Affairs Committee to support its scrutiny of Welsh Government activity in this area.

The Committee reached an agreement with the Welsh Government and in January this year, laid a **report** before the Assembly, which incorporated the agreement.

Following the debate held on the report and agreement last week, I thought it would be appropriate to write to all Chairs, drawing attention to the agreement, so that committees can assess how they may wish to use it in scrutinising the Welsh Government.

The agreement is available on our website and I will ensure it is made available to committee clerks.

Yours sincerely

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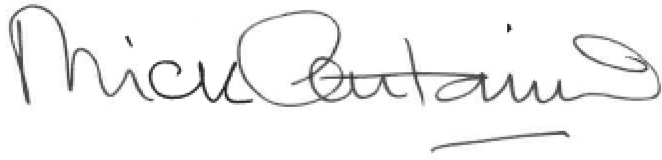

Mick Antoniw
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.
We welcome correspondence in Welsh or English.

Cardiff and Vale University Health Board (UHB)

Responses to the action points from the Public Accounts Committee on 11th March 2019 regarding the management of follow-up outpatients

The results of the recent internal/clinical audit work undertaken regarding outpatient follow up appointments

The Health Board undertakes clinical audits as part of both a national and local programme, details of which are below.

National Clinical Audit: Cardiff and Vale UHB participate fully in the National Clinical Audit and Outcome Review programme which consists of 39 audits undertaken across the UK. These audits review care against national guidelines, more commonly NICE guidelines, and will incorporate numerous key performance indicators including some elements of care provided in an outpatients setting and in some cases time to referral and treatment. All National Audits results are published nationally. Below are a few examples of where outpatient activity is reviewed as part of this programme.

National Oesophageal Gastric Cancer Audit	Includes waiting times for treatment, Where patients present at the point of diagnosis (primary care, emergency admission)
National Heart Failure Audit	Includes post discharge follow up
National Bowel Cancer Audit	Determines where patients are presenting at diagnosis (Routine screening, primary care, emergency admission)
National Diabetes Audit	Audits compliance with measurement of Key care processes undertaken almost exclusively in outpatients and in Primary Care
National Epilepsy 12 Audit	organisational audit with service descriptors including provision of epilepsy clinics, referrals to tertiary services and patient advice services
National Neonatal Audit	follow up at two years old

Local Clinical Audit: The UHB has a dynamic programme of local clinical audit aligned to our clinical quality and safety priorities. Clinical Audit is by definition a measurement of care against best practice guidelines. Most local audits will review local practice against national guidelines which will incorporate multiple performance indicators, many will include elements of care provided in primary care, including referrals into secondary and tertiary services, outpatient departments and unscheduled care. Below are several examples of audits that have been reported in the previous 2 years with an example of the specific indicators that relate to outpatient / unscheduled care activity.

Immunisation status of children aged 0-5 who present to the emergency department	Audit of procedures in place to raise immunisation status with parents / guardians
Service provided to children with Trisomy 21	Review of annual reviews and measurement of key indicators
Management of malignant melanoma	To determine if the care delivered was in line with NICE guidelines NG14 including post review correspondence with the patients GP
Investigation Diagnosis and management of Adrenal Insufficiency	Review of care in line with Endocrine Society Guidelines including referral to endocrinologist.

Compliance with NICE guidelines CG142 in the management of Autistic Spectrum Disorder in adults.	The audit measured compliance with the guidelines as well as ensuring that appointment letters include an invitation for family or carers to attend the appointment with the patient
Missed colorectal cancer rates following colonoscopy	The audit included review of patients booked appropriately for ongoing polyp surveillance
Colorectal Cancer Surveillance	Audit of 1, 3 or 5 year surveillance
Audit of managements of newly diagnosed HIV	The audit includes compliance with monitoring of patients against the British HIV Association guidelines

Confirmation as to whether all optometrists located in the Cardiff and Vale Health Board area will be able to refer patients for a consultant appointment electronically when the system is rolled out during the first quarter of the 2019-20 financial year

The Health Board has been undertaking a pilot for e-Optometry referrals. This initially commenced in two practices and has now been extended to 14 practices. To date, we have received in excess of 2000 electronic referrals into ophthalmology. The next step is roll-out of e-Optometry (Referral) into the remaining 44 Optometric practices in Cardiff and Vale. We have received Welsh Government funding to assist with this and we can confirm the plan is to complete the rollout by the end of June 2019. With this funding, we are also implementing a community based ophthalmology service for glaucoma, medical retina and diabetic retinopathy. This will be delivered from 6 optometry practices across 3 localities but will manage all referrals. The IT infrastructure in each of the practices will allow the practice to electronically refer into secondary care and will be in place and operational post tender award in the summer of 2019.

The number of out of area patients currently waiting for an outpatient referral together with a breakdown of the service areas.

The number of out of area patients waiting for an outpatient appointment will change daily. The numbers below reflect the total number of pathways and not individual patients i.e. the Health Board records and reports the data by the specialty under which the patient is treated. An individual patient may be counted more than once if they are waiting for an appointment in more than one specialty. As at 21st March 2019, our system shows:

- 5,671 out of area patients waiting for a new outpatient appointment
- 60,786 out of area patients waiting for a follow-up outpatient appointment

The following table details the number of out of area patients waiting for a follow-up outpatient appointment for the specialties highlighted by the Auditor General:

Specialty	**Total number of out of area patients waiting for a follow-up appointment**
Trauma & Orthopaedics	6,195
Ophthalmology	4,632
General Surgery	5,209
Cardiology	5,218
ENT	1,692
Urology	1,818
Paediatrics	3,967
Gynaecology	3,127
Dermatology	989
Gastroenterology	611

Agenda Item 3

Document is Restricted

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RNIB Briefing for the Public Accounts Committee: inquiry into the management of follow-up outpatients across Wales

Attending from RNIB:

Ansley Workman, Director RNIB Cymru
Elin Edwards, External Affairs Manager RNIB Cymru
Gareth Davies, Stakeholder Engagement Lead for Eye Health and patient representative, RNIB

Background

In 2014, RNIB Cymru published “Real Patients, Real Harm”, a pivotal report which concluded that at least four people a month were losing their sight in Wales because of delayed and cancelled appointments. The report paved the way for a long overdue debate and subsequent major changes in Ophthalmology services in Wales.

The report found that the appointments system was at breaking point and unable to cope with demand, making a conservative estimate that **48 people a year** were losing their sight because of delays in follow up appointments.

An ageing population, new treatments and an increase in some underlying causes of sight loss, such as diabetes and obesity, have caused an increase in demand for ophthalmology appointments. Unlike other specialities, it should be noted that

ophthalmology patients often enter the service for life as they will need reoccurring treatment.

RNIB Cymru raised concerns that NHS systems did not allow consultants to prioritise patients according to their clinical need. Hospitals were also failing to accurately record how many patients were losing their sight while waiting for an appointment.

NHS Referral to Treatment Time (RTT) targets set by the Welsh Government has meant that priority is given to the patient's first appointment which means that those who need follow up appointments and treatments often wait much longer than they should. In that time, without appropriate treatment, people's sight can deteriorate rapidly. In ophthalmology the majority of patients at risk are follow up patients.

Most sight loss conditions are degenerative; however, many are also treatable, and in some cases blindness can be preventable. It is crucial therefore that people have timely access to eye care.

The current RTT target (26 weeks) is a risk as some patients require ongoing consistent review to achieve the best outcome. Clinical evidence suggests that **10% of new patients are at risk of harm compared to 90% of existing** (formally known as "follow-up") patients.

Developing the new measures

At the end of 2016, the Cabinet Secretary for Health tasked the Welsh Government's Eye Health Care Steering Board with setting up a multi-disciplinary task and finish group, led by Dr Graham Shortland. RNIB took part in this group. The group was asked to establish new targets for both new and follow up appointments according to the patients' risk of irreversible sight loss. Recommendations were made in June 2017 and two pilots were set up in Betsi Cadwaladr UHB and Abertawe Bro Morgannwg UHB.

The measures are compliant with relevant guidance, including NICE, Royal College of Ophthalmologists' guidance, College of Optometrists' guidance and the standards defined by the

International Consortium for Health Outcomes Measurement, which aims to transform health care systems by measuring and reporting patient outcomes in a standardised way.

Three defined categories were agreed to support the clinical prioritisation and these are:

- R1: Risk of irreversible harm or significant patient adverse outcome if patient target date is missed
- R2: Risk of reversible harm or adverse outcome if patient target date is missed
- R3: No risk of significant harm or adverse outcome

The new performance measure is calculated as 95% of priority or risk 1 patients, to be seen by their target date or within 25% in excess of their target date for care/treatment.

Priority should be given to the new outcome measures to reduce avoidable sight loss. However, currently the new measures will work alongside RTTs.

The measures are currently being implemented nationally for all ophthalmic services (shadow reporting for all Health Boards began in September 2018) and follow the whole patient pathway through primary and secondary care. Health Boards will begin full reporting from April 2019.

The current situation

The recent Wales Audit Office report "Management of follow up outpatients across Wales" revealed that waiting times in Wales NHS are longer now than previous years (ophthalmology is second worst of all disciplines). 116,000 patients are waiting for an eye appointment; 28,000 patients waiting twice as long as they should be for an appointment.

Worryingly, in 2017/18, 100,816 ophthalmology appointments were cancelled or postponed in Wales, a rise of 5.5% on the figure two years before.

The demand for eye care services is outstripping Health Boards' capacity to deliver a safe and effective service. People on hospital

eye clinic waiting lists continue to tell us that their appointments are being cancelled at exceptionally short notice. Regular monitoring and treatment is essential to reducing the risk unnecessary sight loss. Delays to treatment can put people at risk of going permanently blind. In addition, delays can cause additional anxiety to a patient and much wider impact to the individual and additional services.

RNIB Cymru has welcomed the development of the new Outcome Focussed Measures for eye care and have worked with Welsh Government and partners to influence their development. The Measures have been devised to account for both new and existing patients, based on clinical need and risk of harm.

Wales is the first UK nation to introduce a performance measure of this kind for eye care patients and for that the Welsh Government should be congratulated.

However, it is important to state that the new measures in isolation will not create a safe and sustainable service. Without further resources and better use of resources, increased capacity and an up to date IT infrastructure (Electronic Patient Record or "EPR") patients may still experience cancelled and delayed appointments.

Creating a safe and sustainable service

The development and introduction of the new Outcome Focused Measures are to be welcomed and RNIB Cymru is committed to working closely with Welsh Government and Health Boards (HBs) to support their implementation.

The problems relating to cancelled and delayed appointments however are deep-rooted and complex and must be addressed without delay by a system-wide approach which includes:

Systems

- **The urgent implementation of an EPR.** Eye clinics do not yet have the systems in place to deal efficiently with patients and allow for clinical prioritisation, in particular the lack of an EPR is often cited as a root challenge by clinicians. We understand that funds for an EPR have recently been signed

off and we await details of roll out dates. However, we are concerned about the amount of time implementation may take.

RTT

- **Prioritising the new Outcome Focussed Measures over RTTs.** RTTs do not encourage clinical prioritisation. It will take time for the new Outcome Focussed Measures introduced by the Welsh Government in 2018 to become normal practise across HBs but a concerted effort is required by HBs to move over to the new system without delay.

Service redesign

- **A major drive to redesign services.** To date there has been a reluctance amongst some consultants to embrace service redesign and new models in primary and secondary care e.g. skilling up other professionals to undertake some elements of clinical care (prudent healthcare) or letting go of "follow up" patients to free up space for "new" patients.
- **Better integration of community optometry and hospital eye services needs to be a priority**. The move to primary care is slow and inconsistent. There are great examples of best practise, but this needs speed and consistency across the board. More work is now being delivered through ODTCs (Ophthalmic Diagnostic Treatment Centres) in the community, but there is still limited understanding and data on the impact ODTCs are having on sustainability. Better integration of community optometry and hospital eye services needs to be a priority and capital funding in place to resource ODTCs.
- **Shared care barriers.** Culturally we know there is often another barrier, in some HBs ophthalmologists can be reluctant for service to be redesigned between primary and secondary care.

Workforce planning

- **A strategic, national and multidisciplinary approach to workforce planning.** Workforce planning is not currently

happening in a strategic enough way to ensure the correct professionals with the right level of skills are available to meet demand; training to top of license is not happening consistently or nationally. To deliver the government's vision for eye care in Wales, we need to develop a pan-Wales eye care workforce plan that is clearly linked to capacity and demand data. Whilst some individual HBs 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.

- **Shortage of consultants.** There is a shortage of glaucoma consultants UK-wide including in Wales and more generally there is a shortage of eye care consultants. Understanding what this quantitative shortage is and its impact should be a consideration for this inquiry.

Clinical pathways

- **Consistent application of all-Wales clinical pathways.** Currently All-Wales clinical pathways, for example for Cataracts, are not consistently applied and there is unacceptable variation across HBs in discharging to primary care.

Long term planning

- **More robust forward planning by Health Boards.** There is little evidence of HBs forward planning in terms of the long-term impact of recent changes and the impact on costs.
- **Accountability.** We agree with the findings of the Audit Office reports that accountability needs to be strengthened to ensure delivery of improvements to reducing follow up outpatient waiting lists.
- **Serious incidents reporting.** Where sight loss has occurred because of delays to treatment, HBs need to capture these as serious incidents. Reporting needs to be captured, questioned and analysed.

Accessible Healthcare

- **Health Boards must implement the Welsh Government's Accessible Healthcare Standards.** Across Wales, we know that Health Boards are not effectively implementing the government's Accessible Healthcare Standards. To not routinely communicate with patients in a way that is appropriate to their needs is a patient safety risk.

Appendix

The stats

111,000 people live with sight loss in Wales.

Every day in Wales, nearly 4 people start to lose their sight and one in five people will live with sight loss in their lifetime.

The number of people with sight loss is predicted to increase by 32% by 2030 and double by 2050.

Eye health care services are some of the busiest in Wales with hospital ophthalmology clinics seeing 11% of all outpatient appointments.

End of document.

Contact: elin.edwards@rnib.org.uk

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Real Patients Coming to Real Harm

A Patient Experience Story

Summary

This is a patient experience story about a patient who lives in Wales who has Age Related Macular Degeneration (AMD). She has Wet Macular Degeneration and has recently lost sight in her left eye which she feels is due to a delay in her diagnosis in primary care followed by a further delay in her referral to secondary care. She and her family were so concerned by the delay in her treatment that they paid for her to see a consultant privately. This consultant then referred her immediately to her local hospital eye clinic and her NHS consultant said that she had lost vision in her left eye and that she only has some vision in her right eye. Her private consultant said that if she had been seen earlier they could have treated her Wet Macular Degeneration, but unfortunately this was no longer possible.

However, when she was referred to the hospital, her records were mislaid and they did not send them to her GP. This has caused her to feel very worried and has meant a delay in enabling her to access services and support. She has had to contact the hospital eye clinic to ask for them to be re-sent to her GP.

She feels very distressed by her treatment and is devastated by her resulting sight loss. She feels that this has had a huge impact on her life and her mental health. At the end of her tether, she contacted her local Assembly Member who then referred her to RNIB Cymru.

She is currently receiving support but is considering raising a complaint.

Further details are included below and only include what the patient has consented to share. Patient details are anonymised.

Age: Not given

Eye condition: Age Related Macular Degeneration (AMD). She has lost sight in her left eye and has poor vision in her right eye.

Main issues: The patient feels her eye condition was not diagnosed appropriately and she has suffered loss of vision due to the delay in waiting for a referral from primary to secondary care. Due to the delay, her family paid for her to see a private consultant. When she was eventually seen in the NHS hospital eye clinic, the hospital lost her records and also didn't forward them to her GP. This has caused her considerable distress and has delayed her being able to access services and support.

Case: In July 2017, the patient went to see her local optician who she said also works in her local hospital eye clinic one day a week.

She said she went to her appointment explaining that she had a shadow over her eye and her optician said it was a sort of "dementia" of the eye.

She was given glasses and they helped for a while, but then things just got worse.

She went back to her optician but said that he was just very dismissive.

However, eight months later, in March 2018 she went back to her optician again as she felt things had got worse. She said that her optician dilated her eyes and she was diagnosed with AMD. He referred her to secondary eye care and said that she should be seen in about two weeks.

However, she didn't hear anything after the two weeks had passed and she was very concerned. She phoned the hospital and was told that she wouldn't be seen for 26 weeks.

Her family were very worried she would lose her sight, so her brother arranged for her to see a private specialist at a private hospital in her health board area. She said he was exceptionally thorough and diagnosed that she had had Wet AMD in her left eye and dry MD in the other and would refer her straight away to her local NHS hospital eye clinic.

Three weeks after this, she had an appointment at the hospital and her consultant there said that her left eye was damaged and that she had lost vision.

Her consultant completed a Certificate of Visual Impairment in September 2018 but she had not received any information following this and does not know if she is registered sight impaired or severely sight impaired (which affects her ability to access certain benefits). The only verification that she currently has regarding her sight loss is from her private consultant and the patient had to contact him to ask if he would share this with her GP. However, the patient feels it's hard for her to attend appointments and speak to the doctor as her surgery is three miles away and she can't drive and is afraid to leave the house.

She said she has been discharged from hospital as they said there is nothing they could do. She was given an emergency contact number in case her dry MD worsens or changes to wet.

Feeling very distraught, she contacted her Assembly Member who referred her to RNIB Cymru for support. This is detailed below:

Support via RNIB Cymru in Swansea: Staff arranged for a domiciliary visit by a local optician to enable her to access low vision services and have provided support with helping her access benefits. She has been referred to the Eye Care Liaison Officer (ECLO) at her hospital eye clinic. However, the ECLO has not been able to locate her files in the hospital system so has not been able to review details of her diagnosis including a copy of her Certificate of Visual Impairment.

RNIB are providing her with support in accessing services such as benefits, tax allowance, transport and any equipment she needs. They have also contacted the sensory team to carry out a sensory assessment as the patient is finding it difficult to leave the house and will only travel outside if someone is with her. Staff are advising on adaptive equipment such as electronic magnifiers and arranging for her to visit the resource centre and see the range of equipment available to help her with everyday life tasks. They are also arranging a home visit to advise on different services available and provided information on RNIB counselling services and emotional support.

Care and Repair Cymru are providing support to see if her house is safe and to advise on any adaptions. This includes improved lighting, a handrail on the stairs and grabs rails in her bathroom.

Impact: She feels that her sight loss could have been avoided if her optician had diagnosed her eye condition earlier and if there hadn't been a delay in her referral to secondary care. She feels that if she hadn't been seen privately, she would still be waiting.

She says that she has some vision in her right eye but things are distorted and she can't judge depth or cross the road. She feels under-confident, housebound and completely devastated. She used to be outgoing, but now she feels she can't meet up with friends like she used to and she can't even see the inside of cupboards or saucepans, in order to cook.

Next steps: She is considering making a complaint, but at the moment she is still upset, in shock and struggling to cope with her sight loss. Also, she feels a lot of people are calling to see her to support her, so she is trying to manage this as it is taking up a lot of her time.

End of document.

WRITTEN STATEMENT BY THE WELSH GOVERNMENT

TITLE	**Introduction of a new eye care digital system and transformational funding for eye care services**
DATE	**13 March 2019**
BY	**Vaughan Gething, Minister for Health and Social Services**

In February 2018, I committed to introduce an ophthalmic digital system to refer people quickly for treatment and where appropriate, to enable more people to be treated and cared for locally. The Welsh Government's vision in *A Healthier Wales* is for a person-centered approach and ensuring ophthalmic services are on a digital system is a significant step to support health boards to deliver more services outside of hospitals, closer to home and to reduce the time people have to wait to be treated.

I am pleased to announce that I have agreed £7.087m additional funding for the introduction of a new digital system for eye care across both primary and secondary care. Digitisation will help to reduce demand in secondary care and provide a better experience and improved outcomes for citizens across Wales.

The introduction of electronic-referral from community optometry practices to hospital eye departments will connect the whole system to provide safe and timely patient referrals for diagnosis and treatment. This will ensure referrals are made quickly and safely avoiding delay in treatment. Building on the electronic referral, an Electronic Patient Record will be introduced enabling community optometry practices and hospital eye departments to jointly view a patient record, providing shared care and ongoing monitoring.

I know the threat to eye health from diseases that cause blindness is becoming increasingly common and with an aging population we face significant challenges as more people need to access services.

I have been extremely concerned about the risk to patients on a follow-up waiting list for ophthalmology treatment and review. Performance against a new measure for eye care patients will be reported from April 2019. The new measure will ensure all patients, whether a new referral or a follow-up appointment, should be seen within a clinically agreed review date. The new measure is challenging. National roll out of sustainable pathways are key to ensuring NHS Wales can continue to support patients.

To meet the estimated future need, health boards need to transform service delivery now.

Last month, I allocated £3.3million non-recurrent funding to health boards to make the necessary changes to transform eye care services and implement the agreed national pathway across Wales. Every health board has received funding to support key services which will make the biggest impact for people living with conditions including glaucoma, cataract, medical retina and age-related macular degeneration. Plans supported by this investment include:

- expanding or establishing community services , to ensure people are seen in the most appropriate setting and by the most appropriate person;
- redesigning pathways to those nationally agreed in 2016;
- introducing and further developing virtual clinics;
- expanding the skill mix of staff, to include nurse injectors and optometrists to safely share care between community and hospital eye care professionals.

Ophthalmic Diagnostic and Treatment Centers are a key element in health board plans to deliver community-based services to assess and manage patients whose eye conditions are at low risk of deterioration. The Ophthalmic Diagnostic and Treatment Centers also ensure cataract services have one-stop clinics, community working and virtual clinics, which is essential transformational change for health boards to implement and ensure the patient and their needs are at the center of the process.

This announcement demonstrates my continued commitment to invest and support health boards to drive change, improve and deliver the best possible services in ophthalmic care.