Cardiff & Vale of Glamorgan Community Health Council (CHC) Members
Dr Cathy Kerby (Visit Co-ordinator)
Mr Philip Thomas
Mrs Anita Morgan
Dr Ron Walton

Cardiff & Vale University Local Health Board Representatives
Mrs Tina Bayliss  Directorate Manager
Mrs Anne Hiscocks  Senior Nurse
Sister Elizabeth Dunn  Sister in Charge

Purpose of Visit
To monitor Ophthalmology Outpatient Services.

Briefing Paper
Unfortunately due to administrative problems in the department, we were not provided with the briefing paper until we arrived to undertaken the visit.

The paper was clear and concise when read immediately before the meeting and monitoring visit commenced.

Format of Visit
The visit was divided into two parts.

(1) Meeting with the Cardiff & Vale University Local Health Board Representatives
(2) Tour of Department

(1) Meeting with the Cardiff & Vale University Local Health Board Representatives
The Cardiff Eye Clinic is based in the University Hospital of Wales. It was rebuilt in 1999. It is split into two sections:

Clinic 1 – which has the Children’s Outpatients and Othoptics
Clinic 8 – which has all other Ophthalmology Outpatient Services.

They are situated on the outpatient clinic corridor, opposite each other.

Sub speciality services are also provided. For example – paediatric ophthalmology, strabismus, cataracts.

An ophthalmic casualty service is provided in Clinic 8, rather than in the main Accident & Emergency Unit.
Outpatient Activity
The department sees approximately 63,000 outpatients a year. This includes the work of a large Orthoptics department which provides services in both the main University Hospital of Wales and community settings.

The clinics are mostly consultant led but there are a number of nurse led clinics, which run alongside the consultant clinics.

Inpatient / Daycase Activity
Dedicated eye theatre for local and regional anaesthesia in the outpatient suite allows high volume cataract surgery with 12 to 14 operations performed per day. Annual figures for this are greater than 2,500.

Ophthalmology undertaken 22 theatre sessions per week, with all bar one of the lists managed by the Short Stay Surgical Unit. The surgeons predominantly operate from two theatres

- The one based in the outpatient area
- Theatre 3 which is a general anaesthetic list.

1.5 lists per week are undertaken in the evening due to capacity issues in the day.

Inpatient Beds
Ophthalmology is nominally designated two out of the 19 beds on the Head & Neck inpatient ward – A 5 North. The number of ophthalmology patients on the wards ranges from 0 to 4.

Care in the Community
A recent initiative to develop care in the community is being undertaken with patients diagnosed with glaucoma. This was found to be very successful and work is ongoing with the project.

Voluntary Organisations
The Royal Institute for the Blind has an office in Clinic 8 and their volunteers are there to give advice and help to patients.

Staffing
16 consultants. The unit has a network arrangement with the Eye Unit in the Princes of Wales Hospital Bridgend and the Royal Gwent Hospital. 4 of the consultants work between these sites.

Nurses
Orthoptics
Receptionists and Admin Staff
A full complement of staff
A full complement of staff
Full complement

Staff sickness rates are not a problem.

Support and training for all staff is carried out.

Quality Standards
Waiting time for a first appointment – this is within the Welsh Assembly Government waiting time targets. Waiting time within the clinic can lengthen due to patients who have to attend other departments within the hospital for investigations and return with the results of their investigations. For example, glaucoma, diabetic retinopathy, age related macular degeneration.
Patients’ and Carers’ Views
No recent surveys undertaken.

Support for Patients and Carers
RNIB are always on hand to advise, support and help arrange access to local facilities in the community.

Information for Patients and Carers
Written and verbal information is given. Some of the patients asked that more information is given to them both verbally and written.

Confidentiality
Excellent. This is taken into account with a ticket allocation system when the patient arrives in the department. ie no queues waiting to give his / her name into the receptionist.

(2) Tour of Department
- Clean, good decoration.
- Chairs are in good order.
- The Children’s department has excellent facilities.
- Catering – if refreshments are needed, they are available in the Main Concourse.
- Signage to the department was not good.
- Transport – usual concerns from patients about the car parking.
- The windows and sills need decontaminating from the bird life that is prevalent around this hospital site and would allow fresh air in.

Views of Patients and Carers
15 patients were spoken to. Overall they are very happy with the department, staff and treatment.

2 patients felt that the written information they were given before attending the department was inadequate.

1 patient did raise concern about the lack of co-ordination between the consultants.

Other concerns were details on treatment for the future – in writing and verbally. Others complained follow up appointments were cancelled by the department, which is an issue – as these impacted and affected the patients’ personal plans.

Having notes these comments / complaints, the majority of patients found their treatment and attitude of all the staff was excellent.

Matters to be Commended
- Calm and peaceful atmosphere of both clinics.
- Dedication and skill of all the staff.
- Privacy and dignity of all the patients.
- Presence of RNIB in the outpatients department.

Matters of Concern
• The department’s ability to manage the numbers of patients diagnosed with glaucoma.
• The waiting times.
• Follow up appointments – especially with the elderly.
• Signage to the department was poor and needs immediate improvement.
• Improvement of information sheets and leaflets given to patients and carers.
• Cleaning of window and sills.

Recommendations to be considered by Council
- Ophthalmology is a speciality which would be best suited in a cohesive department where all facilities are available in one unit. The populations served consist of a considerable number of elderly patients and as the general population of the elderly increases, this will become a priority for staff and patients. This could be brought to the attention of the UHB to include in their future plans.

Our thanks to all the staff for the informative visit.

My thanks to CHC colleagues for their input into the report.

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