IN THE DARK

With cataract surgery waiting times in Northern Ireland measured in years, *OT* investigates the impact of delays on patients and the optometrists who care for them

For more than three years, John Clifford has waited for cataract surgery.

The changes to his vision have been subtle – a sense of unease when driving at night, the purchase of a magnifier with a light attached after he began struggling with small print, the world still in soft-focus even after a new prescription.

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Now the 79-year-old retiree has been told by his optometrist that further deterioration in his vision could mean he is no longer fit to drive.

Living among a patchwork quilt of fields in Greenisland, County Antrim, Clifford is a mile and a half from the closest railway station.

His wife does not drive and Clifford recently had an operation removing a toe from his left foot.

"Walking that distance would be difficult to say the least. If I cease to be able to drive then I think we would become virtually housebound," he told *OT*.

While the delay in receiving treatment has created anxiety for Clifford, his main source of frustration has been the lack of communication from the hospital trust following his referral from primary care.

"You get the feeling that you don't really matter. Their priorities are elsewhere"

John Clifford

"You get the feeling that you don't really matter. Their priorities are elsewhere," he shared.

A BROADER ISSUE

Long waiting times across all forms of elective surgery have been a persistent issue within Northern Ireland.

In January, Northern Ireland's Commissioner for Older People was given permission to intervene in a High Court action over the length of hospital waiting lists.

The case was brought by Belfast woman, May Kitchen, 77, who has been waiting for cataract surgery for over six years.

Explaining his decision to support the legal action, Commissioner Eddie Lynch shared that he has received an increasing number of complaints from older people in relation to lengthy hospital waiting lists.

"These are people who, very often, have worked and contributed to society their whole lives and whose quality of life in latter years becomes intolerable due to the impact of the wait for medical care," he emphasised.

Clifford highlighted delays for all forms of specialist care within the NHS are commonplace. "When you ask how long you'll have to wait, it's years," he said.

Following Freedom of Information Act requests by *OT*, the Belfast Health and Social Care Trust revealed that the average waiting time for routine cataract surgery within the trust is three years and seven months.

This extends to an average waiting time of six years and two months for routine cataract surgery at the Western Health and Social Care Trust.

A friend of Clifford's recently paid £2000 for private cataract surgery on one eye after waiting five years. Clifford shared with *OT* that he is not in a financial position to pay for private treatment.

"We have a fixed income. It would be a serious blow to our limited finances should we have to pay for this surgery," he said.

THE VIEW FROM PRACTICE

Fergus Bain is an optometrist and director of Alexander, Bain & Murray Opticians, which has practices in Dungannon, Portadown, Lurgan and Armagh. He recalled seeing an elderly woman in practice with lenses that had become "almost opaque" due to cataracts. The woman lived in a rural setting by herself and could no longer drive. Following a discussion with the woman and her niece, it was decided that a private referral was the better option.

"Unfortunately this patient, who was a young lady when the National Health Service was created, and who had worked and contributed throughout her life to its upkeep, now had to apply for a credit union loan to pay for private ophthalmology care," he said.

Bain said that it is increasingly difficult to give patients estimates of waiting times for NHS procedures.

"It's frustrating as a practitioner to see the dichotomy in waiting times for private and public consultations," he shared with *OT*.

"If they have to wait for an NHS referral, we see concerned and anxious patients on an annual basis for many years before they eventually get their cataract surgery," he shared.

By the numbers:

CATARACT SURGERY WAITING TIMES

Belfast Health and Social Care Trust

ROUTINE:

3 years 7 months

URGENT:

2 years 6 months
(Royal Victoria Hospital)

1 year 10 months
(day case elective centre)

Western Health and Social Care Trust

ROUTINE:

6 years and 2 months

URGENT:

11 months

Source: Freedom of Information request submitted by OT, March 2022

THE DEPARTMENT OF HEALTH RESPONDS

OT approached the Department of Health for comment on efforts to reduce cataract surgery waiting times in Northern Ireland

Patient demand for elective care services continues to exceed capacity across a range of specialties. As a result, even before the pandemic, the number of people waiting longer than the target waiting time was increasing. Following a number of dedicated waiting list initiatives, however, the number of people in Northern Ireland waiting on a cataract surgical procedure is reducing.

Strenuous efforts are currently underway across Health and Social Care to address unacceptably long waiting times, including rebuilding activity in cataract day procedure centres and securing additional capacity by working with independent sector providers. These cataract day procedure centres are a resource for the region, working across trust boundaries to ensure equity of access, and are designed to be high volume centres for less complex cataract cases.

A Waiting List Management Unit (WLMU) has been established to monitor patient waits and to support trusts in facilitating equitable access to assessments and treatments. In time, data from the WLMU may be used to regularly inform primary care referrers and patients around waiting times: this will allow referring clinicians to have an informed discussion with patients prior to referral, helping to manage demand and expectations.

In addition, cataract mega-clinics have been set up in provider trusts. These facilities offer one-stop diagnosis and assessment clinics, reducing the number of patient outpatient journeys, and outpatient waiting times and lists.

These efforts are being complemented by a new scheme which enables patients whose cataracts have been treated to be reviewed by their community optometrist, freeing hospital appointments for those needing hospital care.

> "Strenuous efforts are currently underway across Health and Social Care to address unacceptably long waiting times"

TACKLING THE BACKLOG

Clifford emphasised to *OT* that he thinks the NHS is one of the best health systems in the world and he understands that it has limitations.

"It is not a bottomless pit of money. One can understand waiting times," he said. "But it is getting to the stage where the optician is telling me that the situation is worsening. I am very fearful of sight loss. It is probably one of the most difficult things to come to terms with," Clifford added.

NHS engagement manager for Royal National Institute for Blind People (RNIB) Northern Ireland, Gillian Clifford, highlighted that within Northern Ireland 354,756 people were waiting for their first appointment with a consultant. This is close to one in five people within the population. Of those who had waited a year or more for treatment, 7% were ophthalmology patients.

"It is important to remember that these numbers represent the lives of thousands of people in Northern Ireland at increasing risk of deterioration in their vision," she said.

"In some cases, and for some conditions, delay in accessing treatment can result in long term sight loss. For many, if not all, their quality of life is being negatively impacted on a daily basis." She added that RNIB understands that the pandemic has placed additional pressures on the health service.

"COVID-19 has served to compound what was already a bleak picture of severe delays for patients accessing care," she said.

RNIB Northern Ireland has welcomed the introduction of 'mega clinics' to tackle the cataract surgery backlog as well as the reinstatement of the Cross-Border Healthcare Directive in July 2021. This enables patients to seek routinely commissioned treatment within the private sector in the Republic of Ireland and have costs reimbursed by the Health and Social Care Board.

"RNIB hopes that these recent initiatives will be a significant step towards a better outlook for those waiting for treatment," she shared.

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The evolving scope of hospital optometry

OT explores advances in hospital optometry taking place in England and Wales – and gets a view on the application of SLT from the US

Since Paddy Gunn first started working at the Manchester Royal Eye Hospital in 2011, he has seen the optometry department grow both in terms of size and the scope of practice of the team.

In 2018, he undertook training to perform laser procedures. After performing more than 1000 procedures himself, Gunn now supervises ophthalmologists and optometrists learning the skill.

Gunn's experience of watching the optometry department grow and expand into new areas of practice is part of a broader trend.

"What was considered core optometry has probably changed – back in 2015, areas like glaucoma were considered an extended role. I think glaucoma and age-related macular degeneration monitoring are really seen as bread-and-butter hospital optometry now," Gunn shared with *OT*.

In February this year, Gunn and colleagues published research in *Ophthalmic and Physiological Optics* examining the scope of hospital optometry in the UK. A survey of 129 hospital eye service leads was conducted in September 2020.

The results were compared to findings from the first survey to examine scope of practice among hospital optometrists in the UK – undertaken by Harper *et al* in 2015. The latest study revealed an almost 40% increase in the proportion of hospitals with optometry departments – from 79 in 2015 to 129 in 2020.

Alongside an increase in the number of hospital optometrists since 2015, hospital optometrists are also taking on extended roles in a range of other clinics, such as neuro ophthalmology, uveitis and vitreoretinal services.

The researchers also observed growth in the number of hospital optometrists with prescribing rights and the ability to perform laser procedures.

"There is a strengthening within extended roles that have been there for a long time but there is also movement into other areas within ophthalmology," Gunn shared.

"I think that prescribing has been hugely influential within secondary care for both broadening the roles of optometrists and extending their autonomy," he added.

Around one in five hospitals were using independent prescribing (IP) as a method of prescribing in 2015 – compared to 67% of departments in 2020. Gunn expects the role of optometrists within both primary and secondary care to continue to expand.

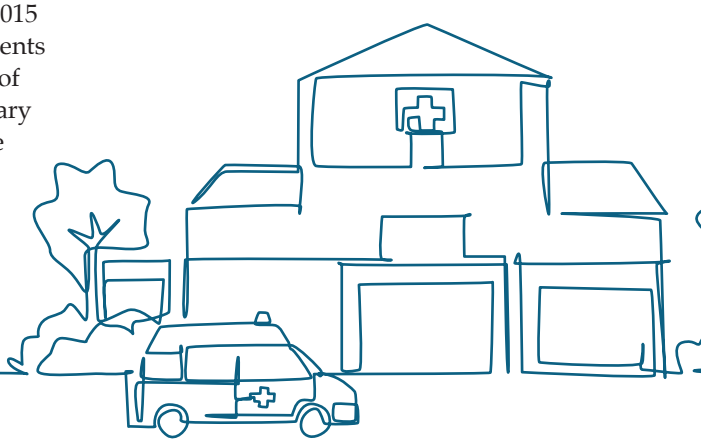
"There is without doubt going to be a shift in the number of optometrists practising new procedures and managing more complex patients more autonomously. I think that is a really positive step forward for the profession," he said.

As the lead optometrist for education and training at Manchester Royal Eye Hospital, Gunn supports learning for optometrists working within primary and secondary care as well as undergraduate students, pre-registration optometrists and optometrists undergoing IP placements.

He told *OT* that being a pre-registration supervisor is the most rewarding part of his role. "It is always really fun getting to work with people at such an exciting part of their training and career," Gunn said.

"I am able to support trainees by sharing what I found useful for

> "I have seen a patient punch the air afterwards"
>
> **Paddy Gunn**



building confidence and developing when I was a pre-reg. To see them progress throughout the year is a really nice part of the job," he shared.

Gunn noted that within his department there is a focus on making training accessible to members of the wider team – such as doctors, orthoptists, nurses and ophthalmic science practitioners, as well as optometrists.

"Everyone, no matter what their profession, gets to learn from each other. There are huge amounts that we can take from the other professions," he noted.

Gunn hopes examples of optometrists successfully working within different departments and services will motivate other specialities to consider how optometrists could contribute.

"I think the strength of the relationship between optometry and ophthalmology is key. It is something that benefits both professions and without doubt benefits patient care," he emphasised.

In terms of areas to address in the future, Gunn noted that optometrists have faced challenges accessing IP placements during the pandemic.

Manchester Royal Eye Hospital is working to re-establish placements after they were paused as a result of social distancing restrictions.

Gunn would like to see more funding and support arrangements to encourage more hospitals to deliver IP placements. "I think that instead of a handful of units scrabbling around trying to sort IP placements, something much bigger – on a national basis – needs to be done. There is such demand for IP and there are huge benefits in having more IP optometrists in the community," he said.

Gunn would also like consideration to be given to how and where IP placements are delivered.

"We should look at whether IP placements always need to be completed in secondary care. There are so many skilled IP optometrists working in the community. It would be good to see IP placements

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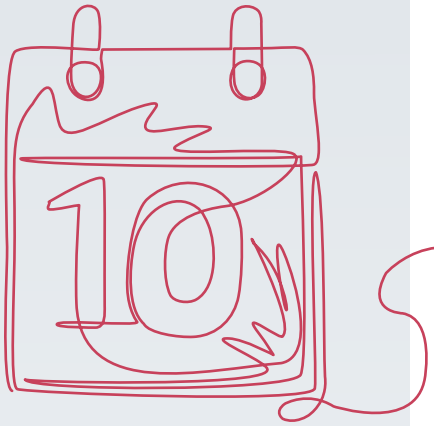
How a Welsh health board reduced waiting times during the pandemic

OT talks with Gareth Bulpin from NHS Wales about an award-winning project that saw patients treated within primary eye care



In April 2020, the percentage of ophthalmology patients at risk of irreversible sight loss within Cardiff and Vale University Health Board who were seen within the target timeframe was similar to the national average of 58%.

However, by October 2021 it was a different story. Within Cardiff and the Vale of Glamorgan close to 70% of high-risk ophthalmology patients were seen in a timely manner, compared to 48% of patients nationally.

In the intervening period there had been a global pandemic, with many hospitals facing escalating waiting times.

But this was not the case for Cardiff and Vale University Health Board, where the decision to harness primary eye care had helped to reduce the backlog. "This is making the impossible, possible," Gareth Bulpin shared with *OT*.

The NHS Wales national architect for eye care digitisation was recognised alongside Cardiff and Vale University Health Board with an Excellence in Glaucoma Care Award from Glaucoma UK.

Bulpin and colleagues developed a new electronic patient record and electronic referral system for eye care in Wales during the pandemic.

Following the suspension of routine care in March 2020, unscheduled patients were seen within optometry practices by optometrists with independent prescribing qualifications. IP optometrists shared patient data and images securely through the electronic patient record platform, OpenEyes, with consultants at the University Hospital of Wales.

NHS Wales is continuing to harness technology and primary care optometry in order to ease the burden on secondary care.

The NHS Wales University Eye Care Centre enables optometrists to complete higher qualifications while also helping to address the backlog by treating glaucoma and medical retina patients.

Bulpin shared with *OT* that developing the technological solutions to improve care is only part of puzzle. "An IT system is relatively easy to procure but making the cultural change to switch from paper to digital solutions which supports primary care and secondary care working together – that does not happen overnight," he said.


Dr Nathan Lighthizer preparing to perform a YAG laser capsulotomy

delivered in new and innovative ways to try and give better access," he shared.

Gunn is trained to perform several laser procedures used in the treatment of glaucoma – selective laser trabeculoplasty (SLT), YAG peripheral iridotomy and YAG goniopuncture.

The procedure he notices the swiftest results in is YAG capsulotomy, a form of laser used in patients with reduced vision following cataract surgery.

"Because in some cases that improvement in vision is almost immediate, you get some dramatic responses. I have seen a patient punch the air afterwards," he shared.

Gunn trained for six months with an ophthalmologist giving him feedback on his technique.

He described performing his first laser on a patient's eye as "nerve wracking." However, Gunn shared that his supervisor gave him full confidence in his ability.

"Whilst it is daunting, as long as you have all of the right training and the clinical background to perform that procedure, then it is about having someone encouraging there to give you the confidence to give it a go," he said.

LASER FOCUS

In January, the National Institute for Health and Care Excellence (NICE) published updated guidance recommending SLT as a first-line therapy for newly diagnosed glaucoma and ocular hypertension patients.

The shift in approach follows a three-year UK study involving more than 700 glaucoma and ocular hypertension patients who were treated with either SLT or eye drops. The Laser in Glaucoma and Ocular Hypertension (LiGHT) trial found that in the SLT group there was less need for treatment escalation, for glaucoma surgery and for cataract extractions compared to the group who received eye drops. Gunn welcomed the updated guidelines and highlights the potential positive impact for the patients he sees.

"Some patients really do feel that they are at the end of their tether in terms of using eye drops. They might be suffering from side effects. When laser can bridge that gap and take away some of those issues, that is something that patients are hugely grateful for," he said.

THE US PERSPECTIVE

Dr Nathan Lighthizer is associate dean of the Northeastern State University school of optometry in Oklahoma. More than three decades ago, Oklahoma became the first state in the US to permit optometrists to perform SLT. There are now nine states in the US where optometrists perform the procedure.

"We have a long track record in Oklahoma. We are doing this on a week in week out basis and optometrists have tremendous success and a great safety profile," Lighthizer shared with *OT*.

In the US, alongside issues with patient compliance, affordability issues can create challenges in effectively treating patients with eye drops.

Lighthizer highlighted that SLT provides "round the clock" coverage in contrast to eye drops. "With a drop you might put it in at 4pm and its effectiveness wears off," he said.

Lighthizer added that SLT is not for every patient. Patients with extremely narrow angles may not be suited to SLT and it would not be indicated in patients with neovascular or inflammatory glaucoma. When the procedure is performed, 80% to 90% of patients receive a treatment effect.

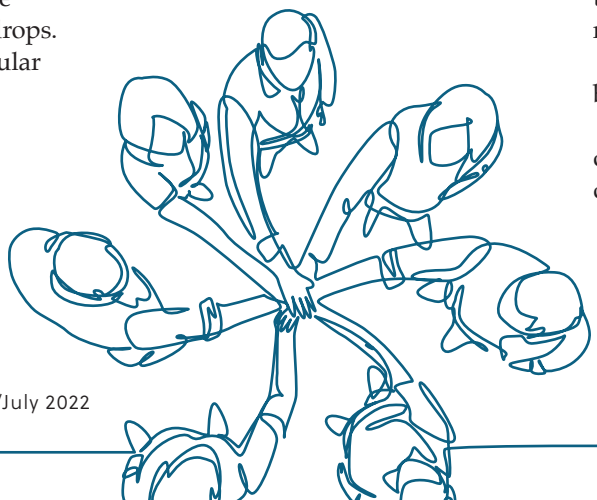
When asked about the factors that predict whether SLT will be successful, Lighthizer noted that the higher a patient's pressures are, the more likely that the procedure will be effective.

"The fewer medications they are on, the more likely it is I am going to get a nice effect," he observed.

Lighthizer shared that SLT works best early within the course of therapy.

"We have been trained to only consider laser after the use of eye drops has been exhausted. We have to change our mentality now. Laser could be the first option. But it takes time to change our way of thinking," he said.

> "The strength of the relationship between optometry and ophthalmology is key"
>
> Paddy Gunn



Death of the handwritten referral

What will evolving technology mean for communication between optometry and secondary care? *OT* spoke with optometrist Alison Lask about a pioneering initiative in Cambridgeshire

Within optometry practices across the UK, the latest technology with a five-figure price tag is used to carefully examine the depths of the retina.

But the decisions that optometrists make are often recorded with an implement invented in the 1930s and with a price tag of less than a pound: the humble ballpoint pen.

In Cambridgeshire, the anxiety of deciphering handwritten referrals is a thing of the past following the introduction of a new digital platform that enhances communication between primary and secondary care.

The referral system enables optometrists to safely and quickly transfer referrals to secondary care, as well as supporting information such as images, documents, complete optical coherence tomography scans and videos.

Optometrists can also seek guidance from ophthalmologists working in secondary care – often receiving a response within a 24-hour timeframe.

Commissioning lead at Cambridgeshire Local Optical Committee, Alison Lask, explained to *OT* that there has been much discussion about the need for patients to come out of hospitals as part of the transformation of NHS care. A key challenge within this is the archaic and disjointed systems that are used for communication and referral between primary and secondary care.

"The technology wasn't there – that was really what triggered it," she shared. "We are in an electronic age. The idea of people still physically writing a referral that then couldn't be read by the hospital because they couldn't read the handwriting was a major issue."

The optometrist, who owns A & I Lask Opticians in Cambridge, shared with *OT* that before the rollout of the Cinapsis SmartReferrals platform there were different referral processes for each of the three hospitals in her area. "It was piecemeal. The idea of the platform is to standardise everything and to provide very specific pathways for referral," she shared with *OT*.

> "The idea of the platform is to standardise everything"
>
> **Alison Lask**

The issue of outdated equipment within the NHS is not unique to optometry and ophthalmology.

In 2019, around 130,000 pagers – equivalent to one in 10 pagers worldwide – were NHS property. The annual cost of the devices to the health service was £6.6 million.

The Royal College of Surgeons revealed in 2018 that NHS trusts owned more than 8000 fax machines.

The Cinapsis SmartReferrals system provides guidance for practitioners who are unsure whether a patient should be referred to hospital.

For each patient referred to hospital, optometrists receive feedback about whether the patient has been accepted into the relevant clinic.

"I know exactly what is happening with my patients and when. It gives you the confidence that you know something is being done," she said, adding that the platform has the potential to improve the quality of referrals.

"I think being able to ask questions about individual patients helps to keep people out of the hospital unnecessarily. This ability to deflect patients from the hospital back into the community for treatment and monitoring has to be good for patients, the hospital and practices," she said.