

Llais recently heard from Aneurin Bevan University Health Board’s (ABUHB) Regional Ophthalmology Team, who provided an overview of what has been happening to improve waiting times for cataract surgery across South East Wales.

Regional Ophthalmology Background

The South East Wales Regional Ophthalmology Programme serves around 1.5 million people across:

- Aneurin Bevan University Health Board (ABUHB).
- Cardiff and Vale University Health Board.
- Cwm Taf Morgannwg University Health Board.
- Velindre University NHS Trust.

These organisations have a strong history of working together toward shared goals. The programme is led by ABUHB and focuses on reducing cataract surgery waiting times.

Programme Overview

Cataracts account for around 50% of ophthalmology waiting lists. In 2023, a regional strategy was launched to reduce backlogs and improve access. A shared waiting list ensures the longest-waiting patients are prioritised, regardless of their health board.

Service Developments at Nevill Hall (NHH)

- 2024: A new cataract service launched at NHH with four surgeries per week.
- Initial Challenges: Patients had to travel between NHH and Royal Gwent Hospital for assessments.
- Improvements: Centralised booking and scheduling streamlined the process across three health boards.
- May 2024: A new clinical team was formed and trained.
- October 2024: The team moved into a new pre/post-op area.
- January 2025: Recruited key skills to join the team.
- April 2025: A new theatre opened. By March 2025, the service had completed 580 procedures.



Regional Booking Team

- Established: Summer 2024.
- Coverage: Started with ABUHB, expanded to Cwm Taf Morgannwg and Cardiff by April 2025.
- Impact:
 - 1,800+ patients booked.
 - 10,000+ letters sent to confirm interest.
 - 5,000 patients treated via private providers.

Key Achievements

- Collaboration: Three health boards now work together under a £7 million annual programme.
- Capacity Boost: Additional staff and theatre space in Cardiff and NHH allow 100 extra surgeries per week.
- Private Providers: Three providers support the shared waiting list.
- 2024–25 Outcomes:
 - 12,448 patients treated (target: 12,639).
 - No patients waiting over 104 weeks by March 2025.

Phase 2 – Achieving a Sustainable Long Term Service

The focus is now on building long term, sustainable NHS cataract services. While there is extra funding for outsourcing this year, the goal is to increase NHS capacity by using high volume centres that can treat more patients. The team has also gathered feedback from the public, which is helping shape how the service will develop in the future.

104-Week Wait Reduction

- Initial Backlog:
 - ABUHB: 1,500 patients.
 - Cardiff: 225 of 700.
 - Cwm Taf Morgannwg: 700 of 1,200.
- By March 2025: All areas reduced 104-week waits to zero.

Phase 1: Lessons & Feedback

- Support: Outsourcing and additional transport services helped patients access care – removing travel as a barrier.
- Policy: Patients declining surgery without medical reason had their waiting time reset.

Phase 2: Building a Sustainable Service

- Goal: Expand NHS capacity using high-volume centres.
- Public Engagement: Feedback gathered to shape future services.
- Key Insight: People support centralised services if they reduce wait times and include transport support.

Two Options Discussed:

1. Large Regional Centre: More efficient, better for staff training.
2. Smaller Local Units: Easier access, but less efficient.

Patient Transport & Waiting Lists.

Q: Llais have heard stories of patients being taken to appointments via private transport. Is this accurate?

A: Yes, private providers have arranged transport to pick up patients from local hospitals. This initiative has made a significant difference and has been very well received. Patients appreciate being offered transport from their local hospital to private treatment settings.

Q: What is the current average waiting time?

A: The average wait is now around 100 weeks. The goal is to continue reducing this throughout the year.

Q: What percentage of patients who waited over two years have now been treated?

A: All patients who waited over two years have now received treatment. There are currently no patients waiting longer than two years.

Specialist Workforce and Recruitment.

Q: There appears to be shortages in specialist staff. Is recruitment and retention a challenge?

A: ABUHB are actively recruiting both nursing and consultant staff. It has taken time, but ABUHB have successfully brought in the right specialists at Nevill Hall Hospital (NHH) and are also working on broader workforce planning.

Wider Impact.

Q: Is there any correlation between delayed eye treatment and increased risk of falls?

A: While there hasn't been any specific studies on this, the health board are aware that long waits can negatively impact overall health and quality of life.



Capacity and Funding.

Q: What's the plan for long-term capacity and funding?

A: Phase one was a pragmatic response to COVID-19 backlogs, using extra capacity to reduce waiting times. Phase two focuses on building sustainable in-house NHS capacity to meet growing demand.

Equality and Diversity.

Q: Short-notice appointments are difficult for disabled and neurodiverse individuals. Some are told that missing two appointments puts them at the bottom of the list. Is this fair?

A: National guidance considers four weeks as sufficient notice. Two weeks should not count against a patient. ABUHB follow RTT (Referral to Treatment) guidelines and aim to manage this process sensitively. ABUHB are also auditing patient experiences and welcome further discussion

Q: How does ABUHB's equality strategy compare to Cwm Taf's, which includes both staff and patient focus?

A: ABUHB focus their engagement efforts, prioritising patient involvement and equality, striving to include representatives from seldom-heard groups and are committed to continuous improvement.

Specialist Lenses.

Q: Does the NHS aim to provide lenses that reduce the need for glasses, like some private providers?

A: NHS follows clinical guidelines, offering lenses that are most clinically appropriate to the patient. Lens guidance for patients are the same across the NHS and private providers under the NHS contract.

