

Effecting change

I took a picture of my new identity badge and sent it to everyone I knew. In fact, I put it up on Facebook as well. The two key words were 'Consultant Ophthalmologist' and let us ignore for now that there was a somewhat redundant 'Ophthalmology' written underneath this. I also took a picture of the door to my lovely new secretary's office which had my name on and again I put this picture on Facebook. Inside that office I had a desk where I could sit to do my 'admin'. People had warned me about admin before but if it meant effecting change then I was happy to do what I could and was looking forward to the challenge.

There was a list a yard long of things I wanted to do. Where to start? I reasoned that I should try and start everything at once and that way some things would reach completion soon and this would drive the other changes. I laughed at those who told me it was 'a marathon and not a sprint'. Having just finished at Moorfields I thought, for a start, let's see how Swansea was different to the Big House and then how I could make it the same. If I could help Swansea become the equivalent of a tertiary referral medical retina centre within a year I would be a happy man. There were umpteen planning meetings and I was sure if I attended most of them I could start the ball rolling.

One of the first things to sort out was research. I arranged a tour of the clinical research unit, spoke to the main players, arranged meetings and wrote a paper about a project that would have the happy side effect of necessitating the acquisition of an Optos widefield camera. I had various drug company representatives come and visit to see if they could help fund this project and it was a happy day when I found myself sitting in an office at the research centre flanked by two registrars (my team – I had an actual team!) to discuss the project. The group was interested in the idea, asked all the right questions and then right at the end asked for details of my PhD. I have never done a PhD but as soon as I told them this their faces darkened. We need someone with a PhD to head this, they said. Luckily, the registrar to my right had done one prior to entering ophthalmology and was willing to be the nominal head of the project, though the specifics proved to be an issue and the conversation seemed to stall. One of the research staff opposite me suddenly had an idea. "We are funding places at the moment; why not do this project as part of a PhD? It

would only mean three years off from full clinical work." After thanking her for this and explaining that I would doubtless be sacked should I try and do this, the mood darkened again. A researcher on my left was more pragmatic. "Without a research background there are certain limits on what you can start off doing. With you... how about a nice postal survey?"

Another thing that was desperately needed was an electronic patient record (EPR) system. I had seen this used effectively in London and a not uncommon situation in Swansea was to find yourself shuffling through volume five of seven of the patient notes, with great sadness and despair. I had high hopes here, as the Welsh Government was pushing the implementation of EPR and there was no opposition locally. There was the small matter of attending a few meetings to push it through, which started well, until I realised that I was psychologically not well adapted to meetings in general. Discussing the minutes of previous meetings I found the most frustrating part of all, as it took such a long time and did not represent progress. Then you had the ubiquitous person who uses the meeting solely to push their own agenda, the chap who is opposed to things or brings up problems with the minutiae the changing of which alters nothing, and then the universal group of people who sit saying nothing while looking desperately sad throughout. Plus the ones who type continuously on laptops without seemingly being engaged at all. I was the one who attempted to give the impression I knew what all the acronyms and management jargon meant, nodding in what I thought was a knowledgeable manner in the right places and who periodically made blue sky contributions about things the medical retina service needed but there was no money for.

Then there were the intravitreal injections themselves. The way of working was slow and cumbersome and there was merit in getting rid of the unneeded steps such as gowns, drapes, post procedure antibiotic drops and performing bilateral injections at the same sitting, but all these things needed the safety committee to look at them so I wrote a detailed paper and sent it to them. This was tied into the introduction of a new safety needle that could help orthoptists learn to inject so that capacity could be increased. The woman on the safety committee told me how great the

paper was before losing it recurrently and requiring me to resend it every few months, until eventually I was told that the safety committee couldn't discuss it anyway as responsibility had recently been devolved to a totally separate committee.

What of the admin itself? It turned out to be a potpourri of blood test reports I had not ordered or imaging from patients seen in eye casualty in my name, dealing with complaints about issues I had no control over and a long list of patient queries about clinic appointments, surgery dates and various medication and drop questions I could not possibly answer without poring through volumes of notes which were invariably in another hospital. I started with a drive to answer and act on every email I received, but the daily emails grew and grew until I found to my horror more than 110 waiting for me one day. As I tried to read and answer them or delete them as appropriate I found after a busy morning I had more emails at the end left unopened than I had at the beginning and I felt like Alice with the Red Queen where it takes all the running you can do just to stay in the same place. It saddened me every time I heard the 'ping' that meant a new email had arrived. So I sit at the desk looking through paper notes trying to answer a query by a patient I'm not even sure is mine while colleagues downstairs gown up to perform intravitreal injections and the thing that keeps me happy is that at least my postal survey was approved and I can shortly look forward to mailing out 700 questionnaires. It is a marathon and not a sprint.

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