The ROYAL COLLEGE of OPHTHALMOLOGISTS

New Ways of Working:

The Way Forward Project 2015 - 2035

Mr John Buchan, FRCOphth, MD
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Factors driving increasing costs of global healthcare

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Way Forward Project

- Epidemiological Modelling – the next 20 years
- Different Ways of working:
  - Cataract
  - Glaucoma
  - Diabetic Retinopathy / AMD
  - Emergency Eye Care
- Internal and external drivers of better value

Epidemiological Modelling: AMD

- Estimate the population of the UK 2015 – 2035
  - Broken down by age, gender and ethnicity

- Estimate the prevalence of AMD for each 5 year age band, by gender and ethnicity

- Apply prevalence estimates to population projections

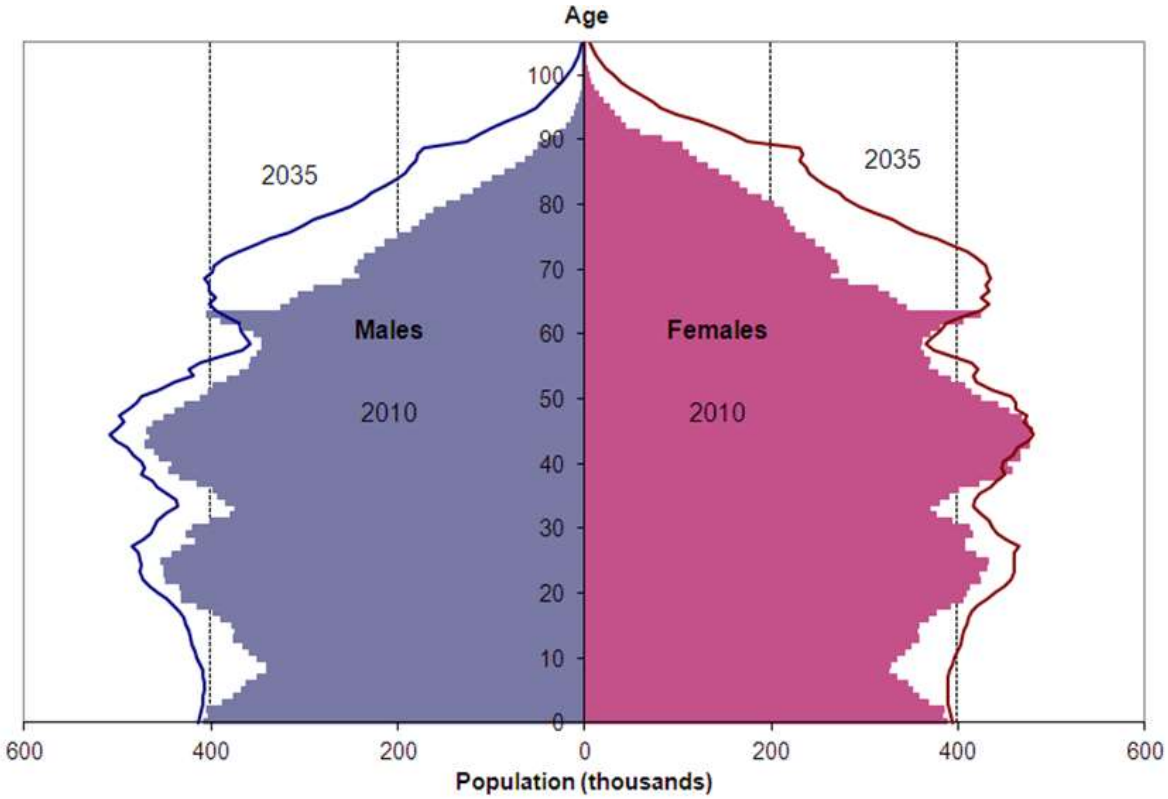
UK Population Projections ONS

	2010	2015	2020	2025	2030	2035
United Kingdom	62.3	64.8	67.2	69.4	71.4	73.2
England	52.2	54.5	56.6	58.6	60.4	62.1
Wales	3.0	3.1	3.2	3.2	3.3	3.4
Scotland	5.2	5.4	5.5	5.6	5.7	5.8
N. Ireland	1.8	1.9	1.9	2.0	2.0	2.0

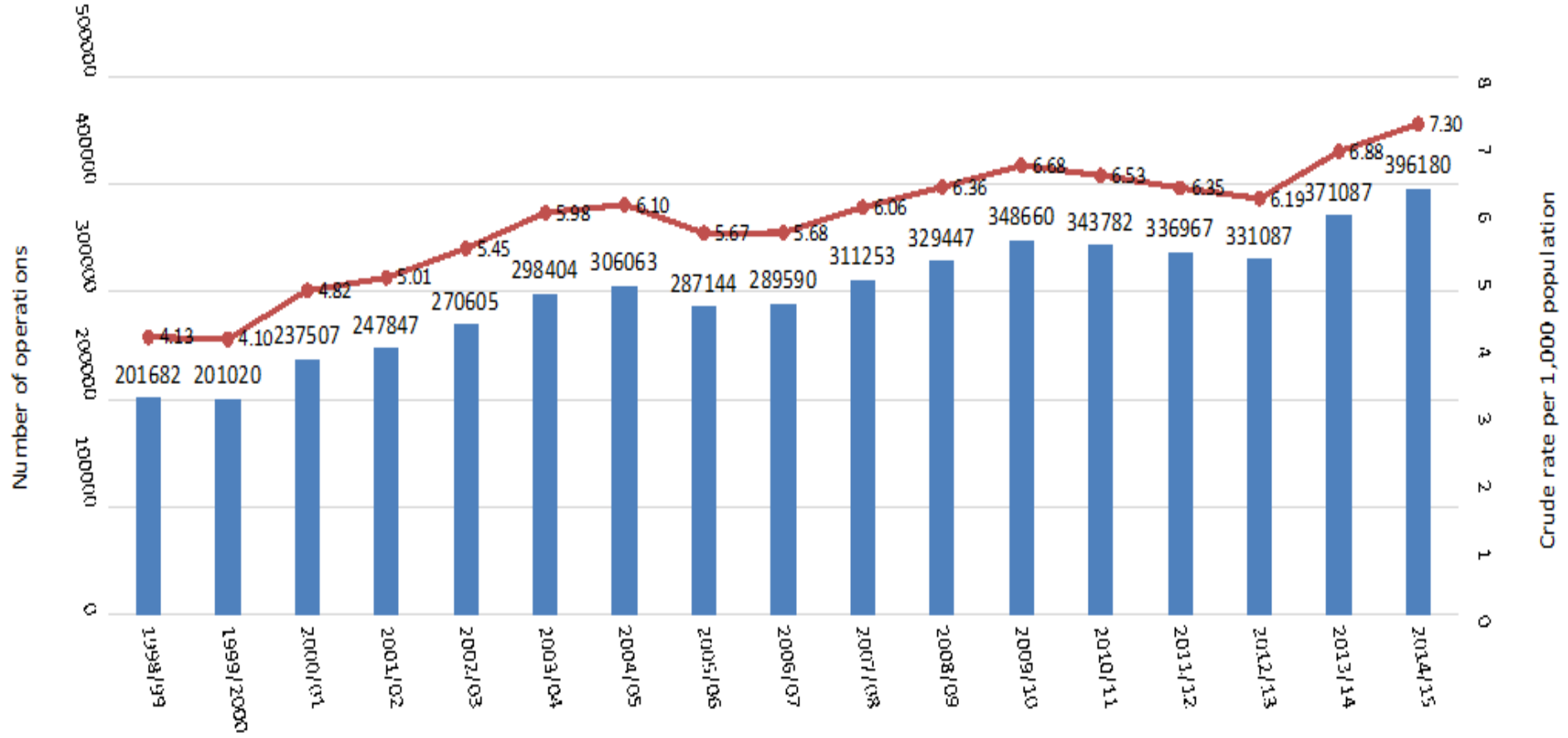
UK Population clock: May 2016 - 65,064,591

The Greying Population

2010	2035
4.9 million >75 years	8.9 million >75 years
1.4 million >85 year	3.5 million >85 years



English cataract totals and rate per 1000 population 1998-2015 (HSCIC, 2015)



Cataract Projections

- ~50% growth in the numbers of cataract operations we are to be expected to perform over the next 20 years (25% increase over the next 10 years)

AMD Projection

- NV-AMD cases will rise by 59% from 2015 to 2035
- NV-AMD cases will rise by 29% from 2015 to 2025

- Geog. Atrophy cases rise 58% from 2015 to 2035
- Geog. Atrophy cases rise 29% from 2015 to 2025

Glaucoma Projections

Glaucoma cases will increase by:

- 22% from 2015 to 2025
- 44% from 2015 to 2035

- OHT increase 9% from 2015 – 2025
- Glaucoma suspects increase 10% in the same 10 year period

Diabetic Retinopathy Projection

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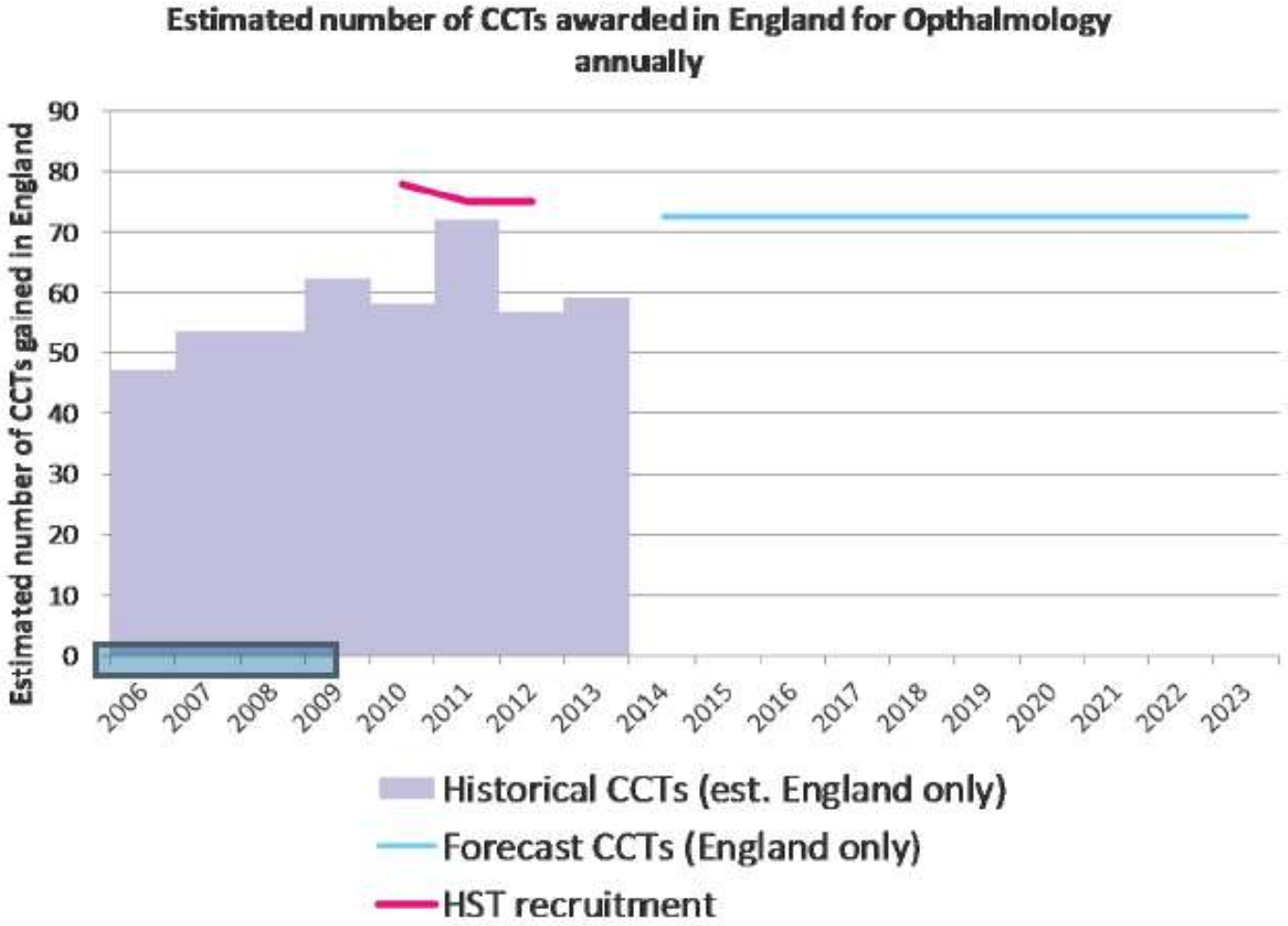
- ~50% increase in DM 2015-2035
- So what about the resources to deal with these problems?
- Presumably they will rise by 50-60% as well?

Workforce projection



Centre for Workforce Intelligence, HEE, 2014

Cartogram: practicing ophthalmologists

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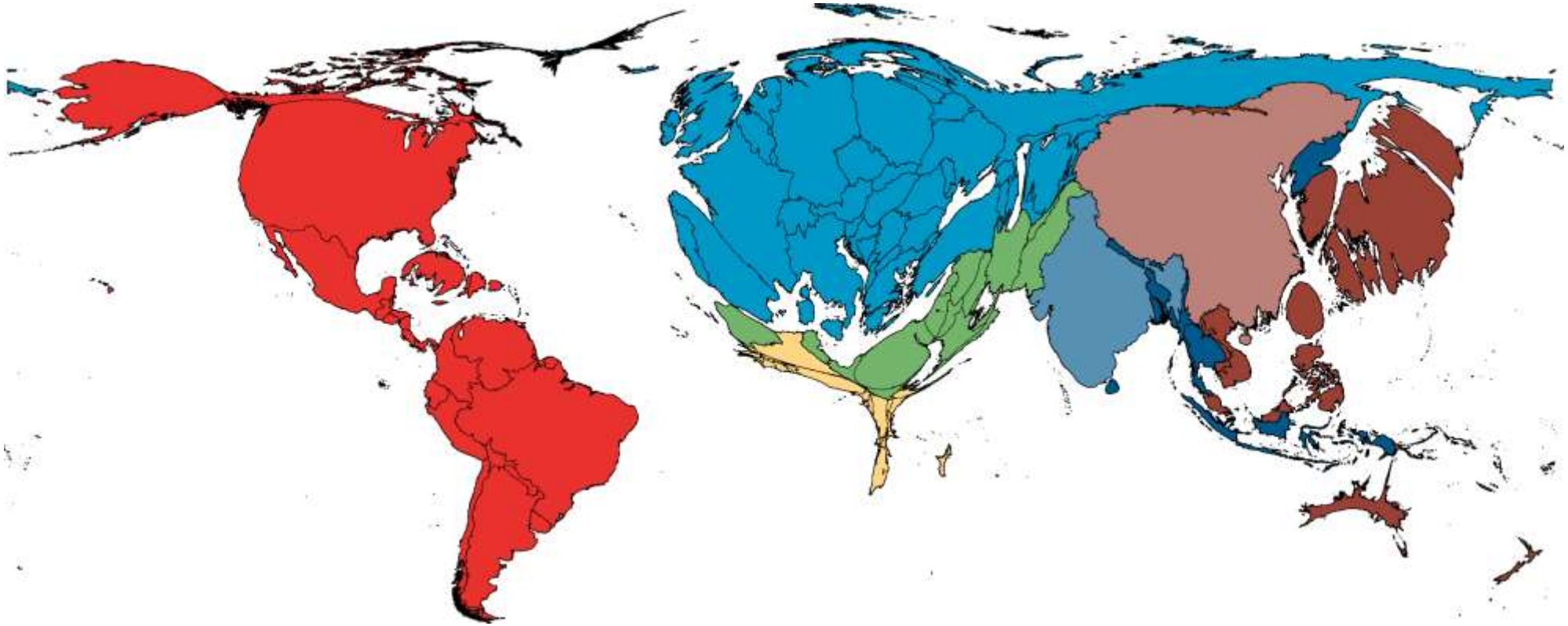

Cartogram: prevalence of blindness

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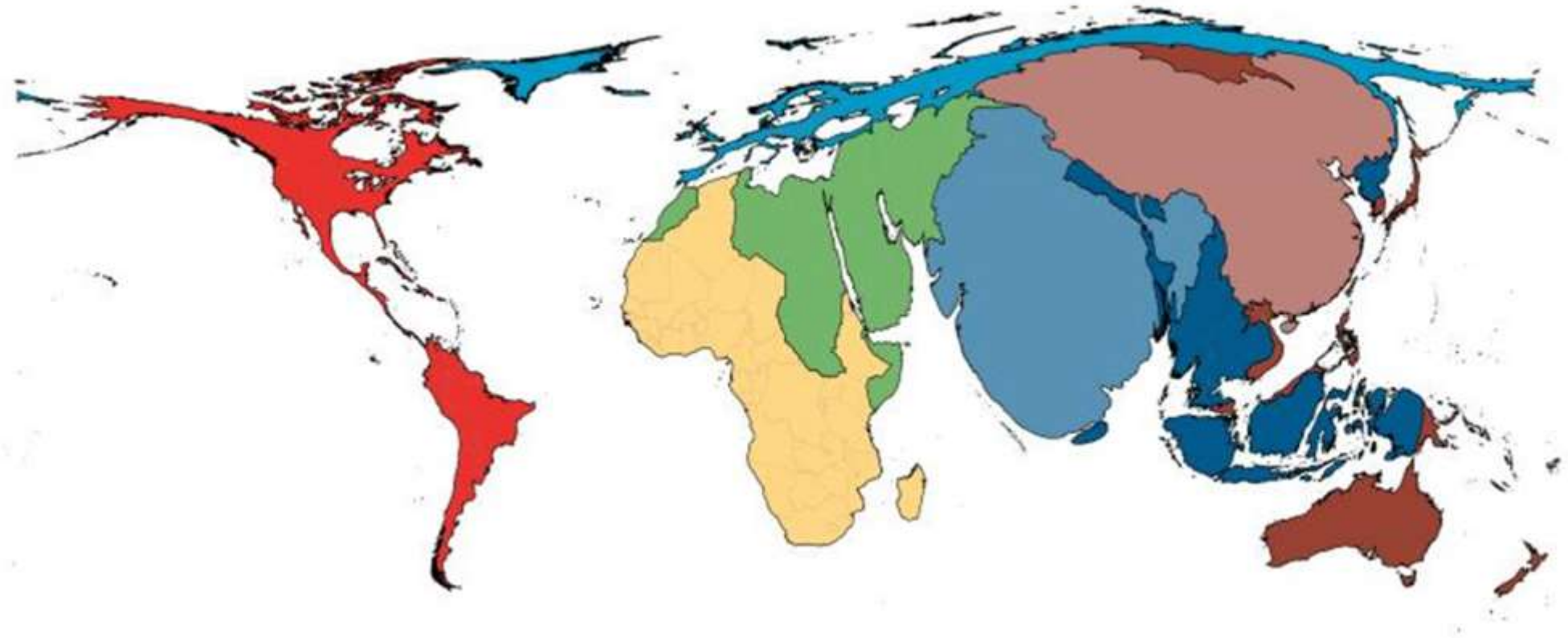
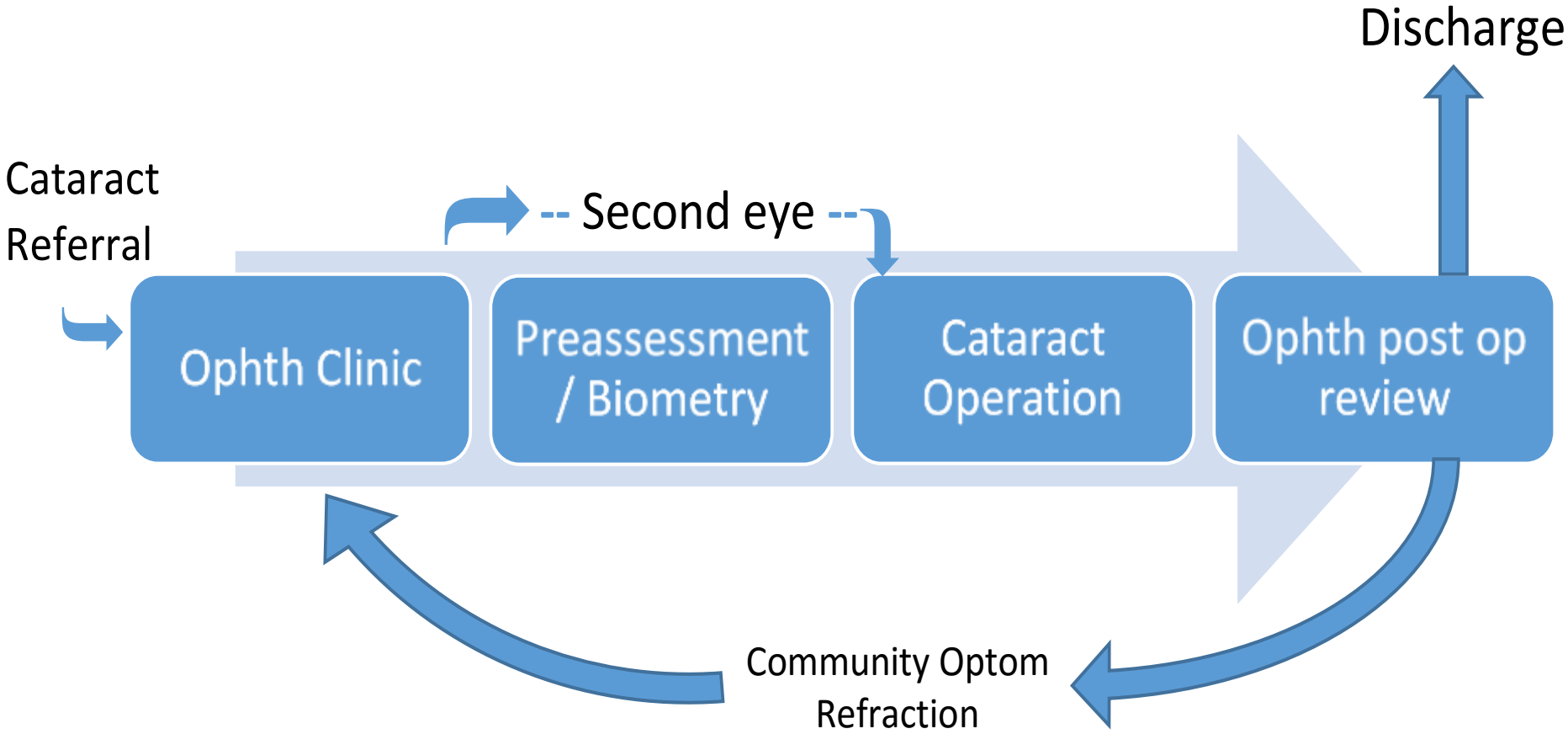
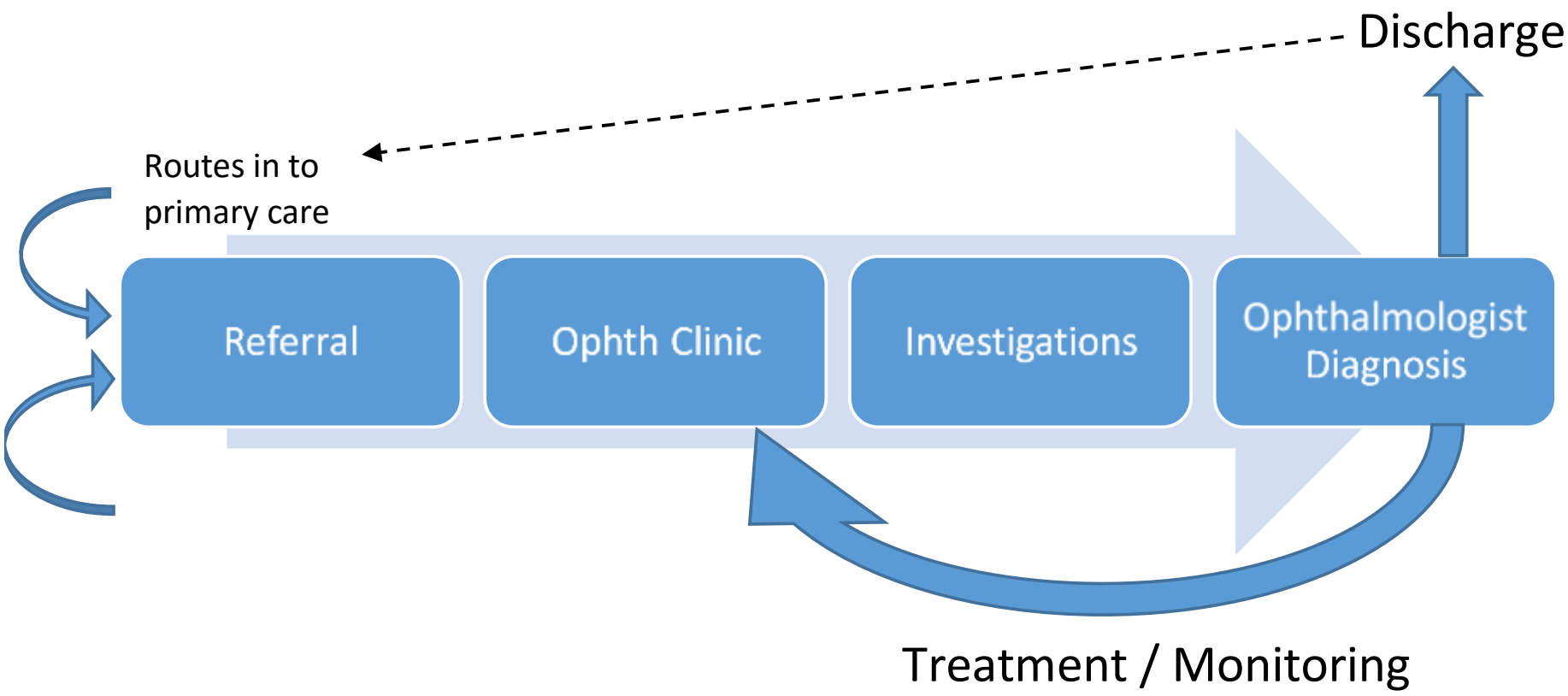


Traditional Pathway: Cataract



Traditional Pathway: Glaucoma/MR



The Way Forward project:

Referral Management

Referral Management

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- Cataract referral criteria to limit access (delay / prevent surgery)
- RNIB FOI survey 71/151 commissioning bodies restricting access
- 92% used criteria that did not reflect Department of Health / RCOphth guidance or research evidence

Referral Management

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- Thresholds definitely dropping
- How much cataract surgery is too much?
- Cost per QALY supports activity
- Alert to inappropriate drivers in non-traditional NHS providers

Referral Management

- Glaucoma Referral Refinement Schemes
- Diabetes: Scottish graders grade 30% less images than English for past 2 years
- Referrable diabetic maculopathy (M1)

Referral Refinement

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- At interview 17/32 (53%) departments reported doing virtual review of M1/referable maculopathy
- Hence 15/32 see all patients referred face to face
- Audits generally showed ~75% of new referrals to DR clinic were maculopathy… and ~75% of those don't need any intervention (ie F/U >6/12 or return to DRS)
- Cost of 350 new patient visits to ophthalmology = £126,700
- Cost of 350 visits to M1 OCT clinic and 88 (25%) referrals to ophthalmology = £66,404

Referral Refinement

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- Build in evaluation
- What would trigger de-commissioning of a scheme?
- What indicators of value are being utilised?
- Promote engagement and demand evaluation of false negatives as the years pass by

The Way Forward project:

Resource-light Working

Resource Light Working

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- Pathway redesign
- Technology
- Multi-Disciplinary Team working

Way Forward: Cataract

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- *"It is commonly accepted that the 1 day postoperative review is essential"* BJO 1995, Tufail et al

- 0/42 do first day post operative review 2015/16 Way Forward Interviews

Way Forward: Cataract

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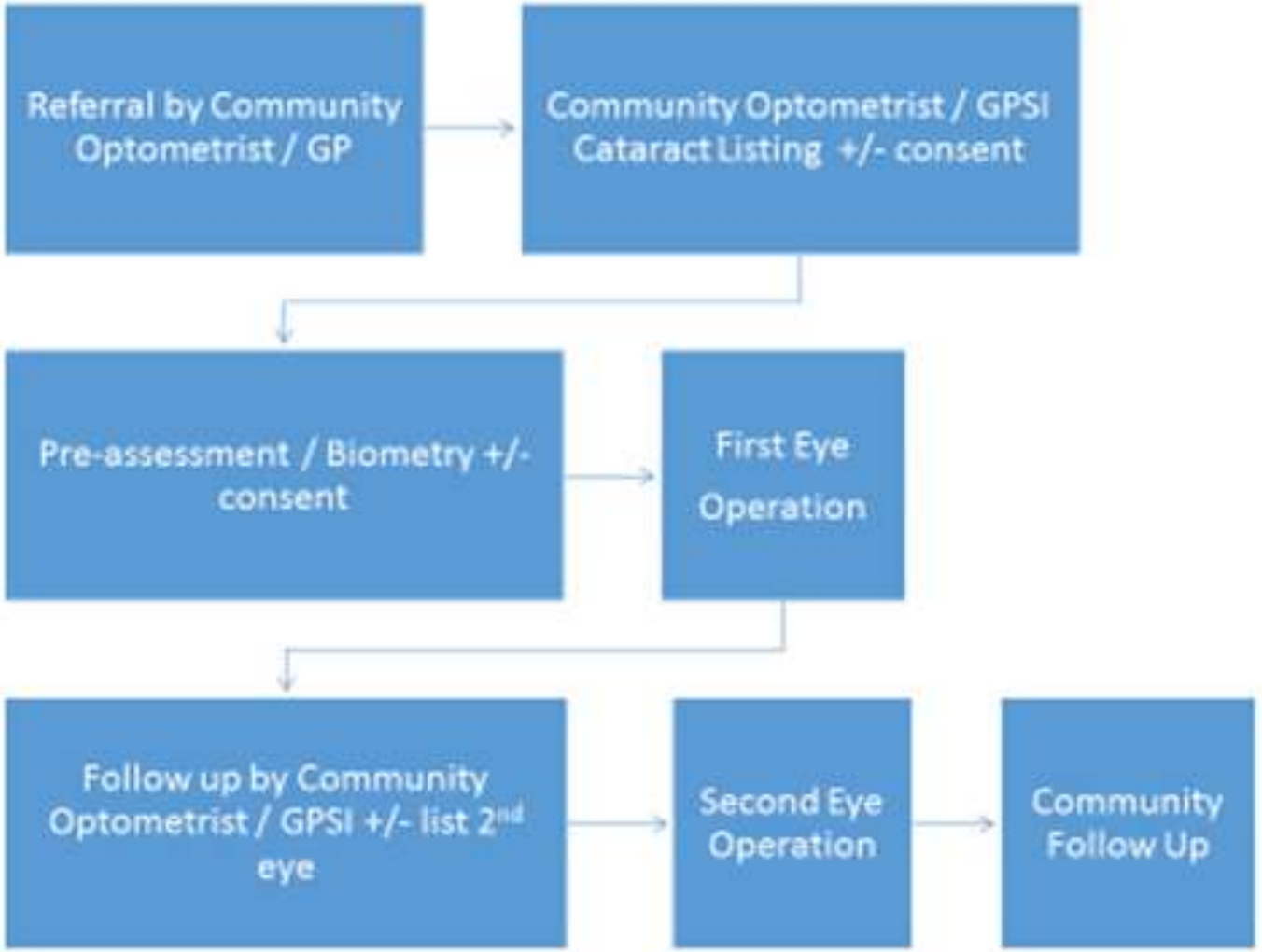

MDT Working

- Common Competencies Framework
- Quality Assurance
- Ophthalmologist led in clinical aspects
- Full engagement of MDT

Way Forward: Cataract

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- Action on Cataract
- Monitor report
- Operative time can average 15 minutes: best NHS units 12-14 cases per 4 hour list
- Can this be extrapolated?

Way Forward: Cataract

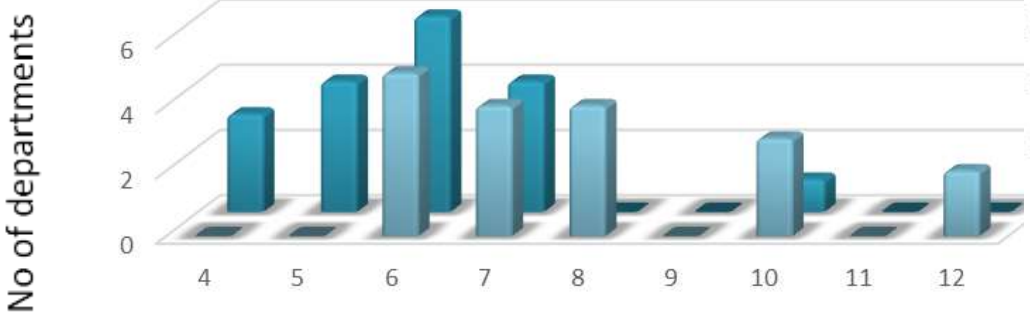


Figure 11: Maximum (front) / Min. (back) cases routinely put on consultant only LA cataract lists

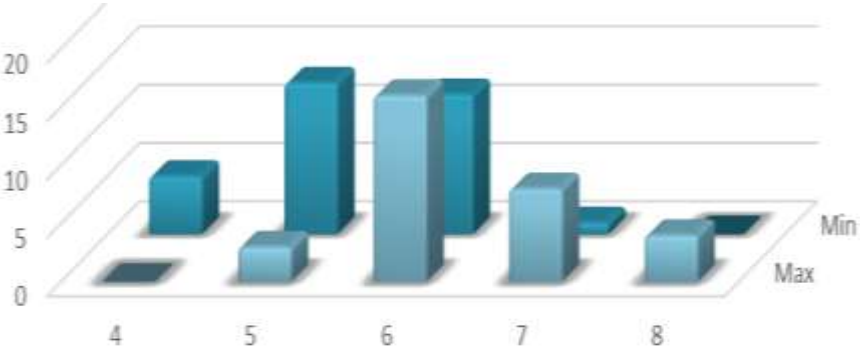
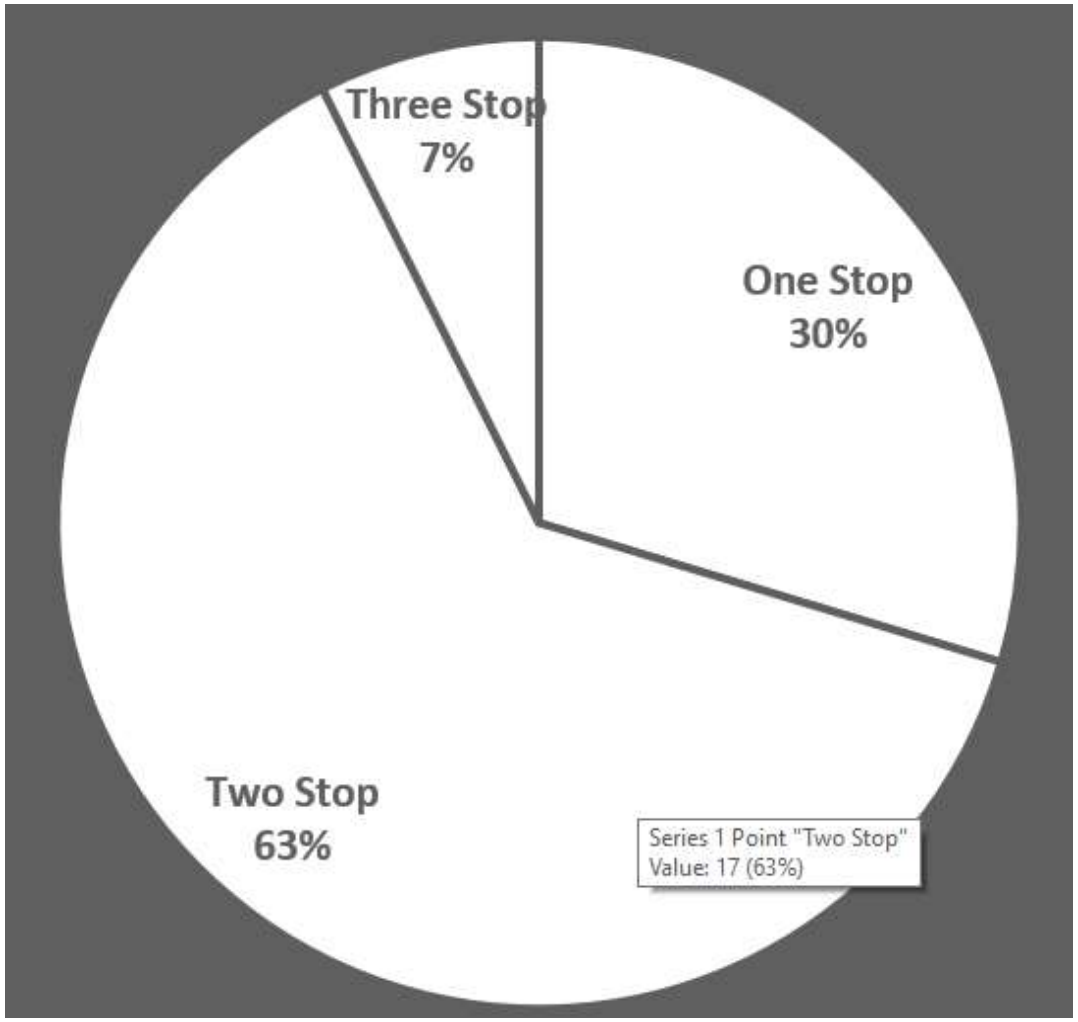


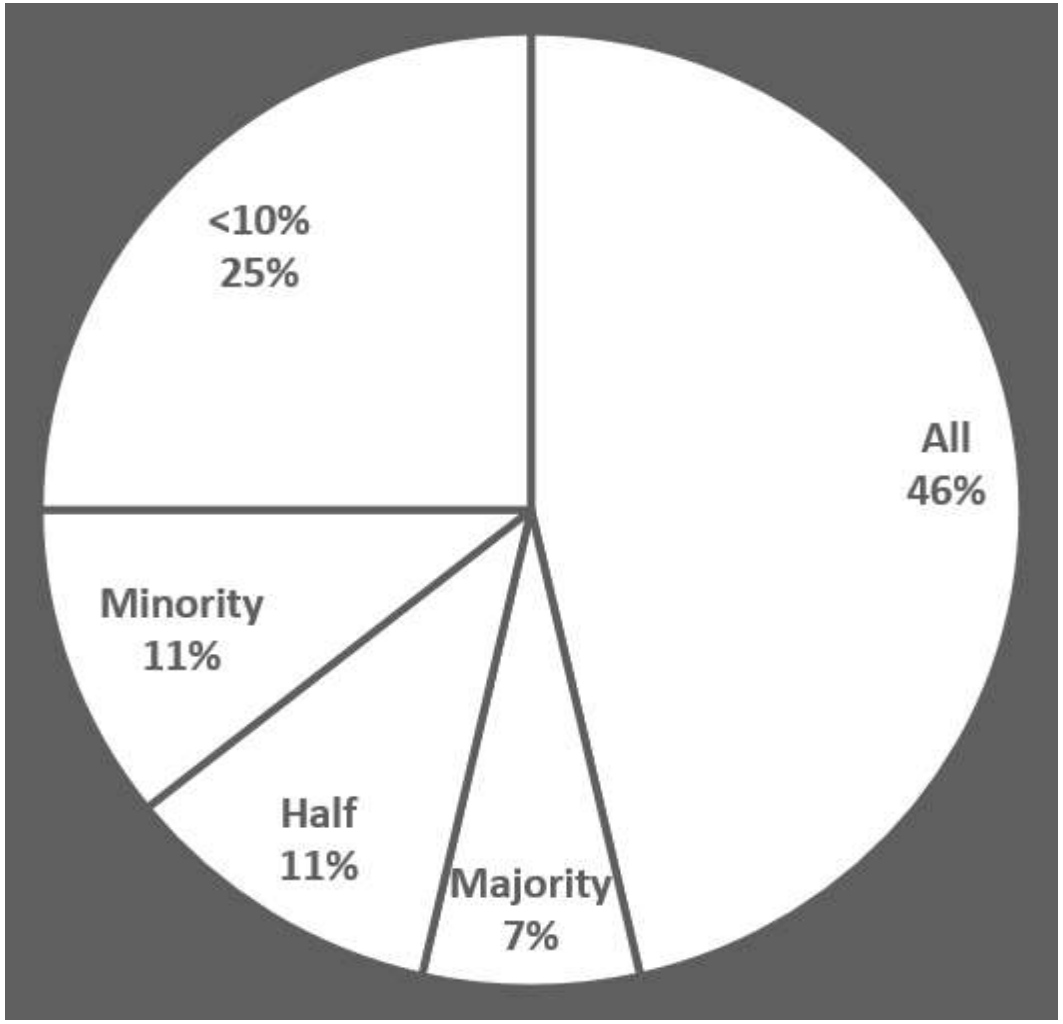
Figure 12: Maximum and Minimum cases routinely put on training lists

New patient one-stop…



New referrals with wet AMD: clinic, investigations and treatment – 1,2 or 3 visits

Follow-up one-stop…



What proportion of your follow up visits are one-stop review and treat?

Ophthalmologist-light working

- 17/28 departments have non-ophthalmologist injectors

- Commissioning support for innovation
  - Virtual clinics
  - Redirection of costs (eg IT)
  - Training of non-ophthalmologist

Ophthalmologist-light working

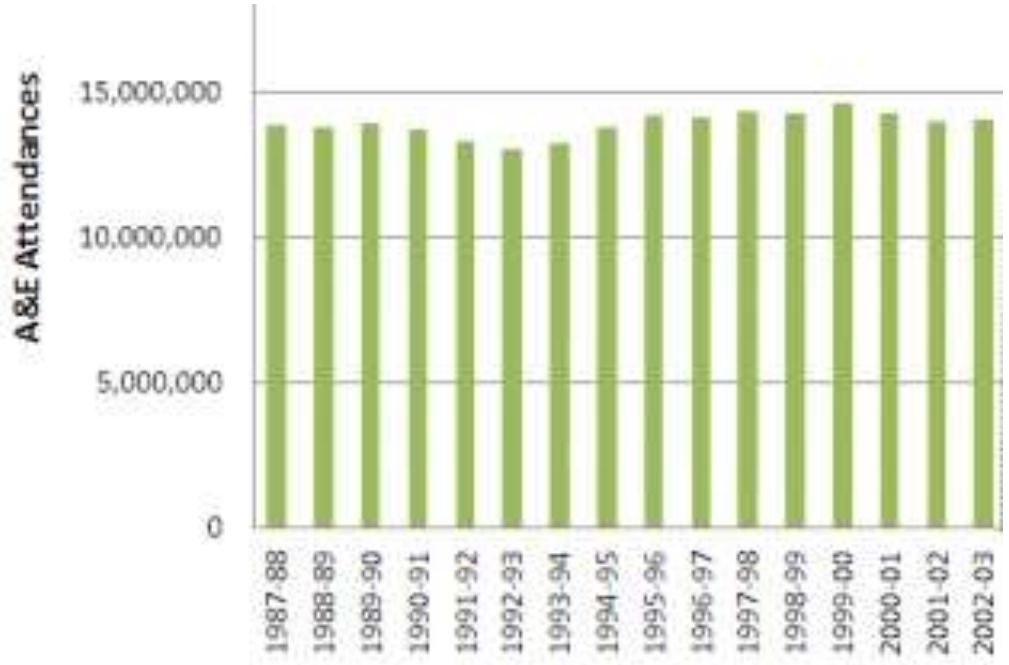
- Not a race to the bottom

Opportunities to make savings for;

- Providers
- Commissioners
- Patients

- Perverse incentives (eg AQP, bilateral surgery / laser

General A&E Attendance: England



www.Kings Fund.org.uk

- 2001/02 - 14,044,018
- 2005/06 - 18,759,164
- 2011/12 - 21,380,985

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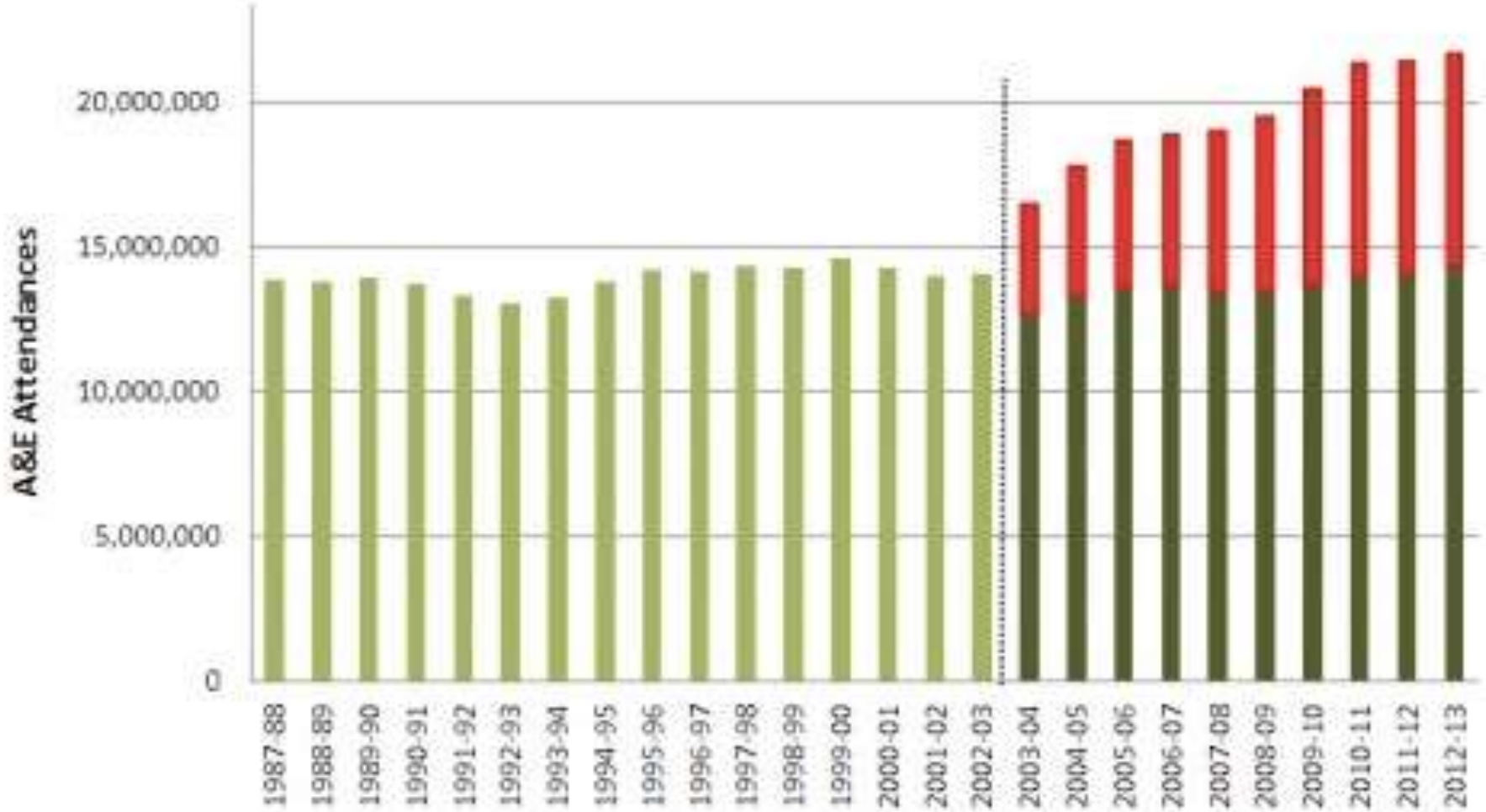
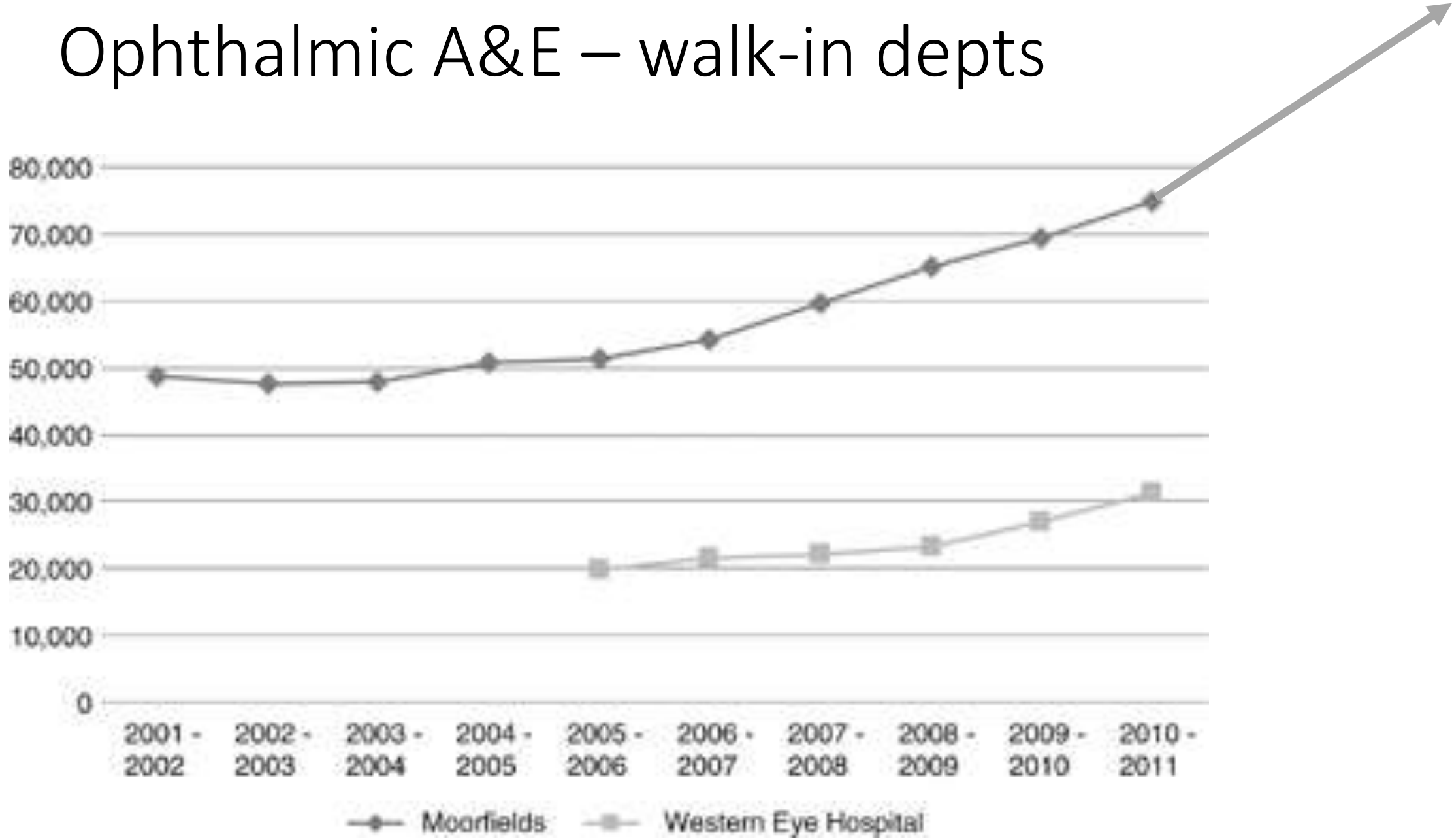
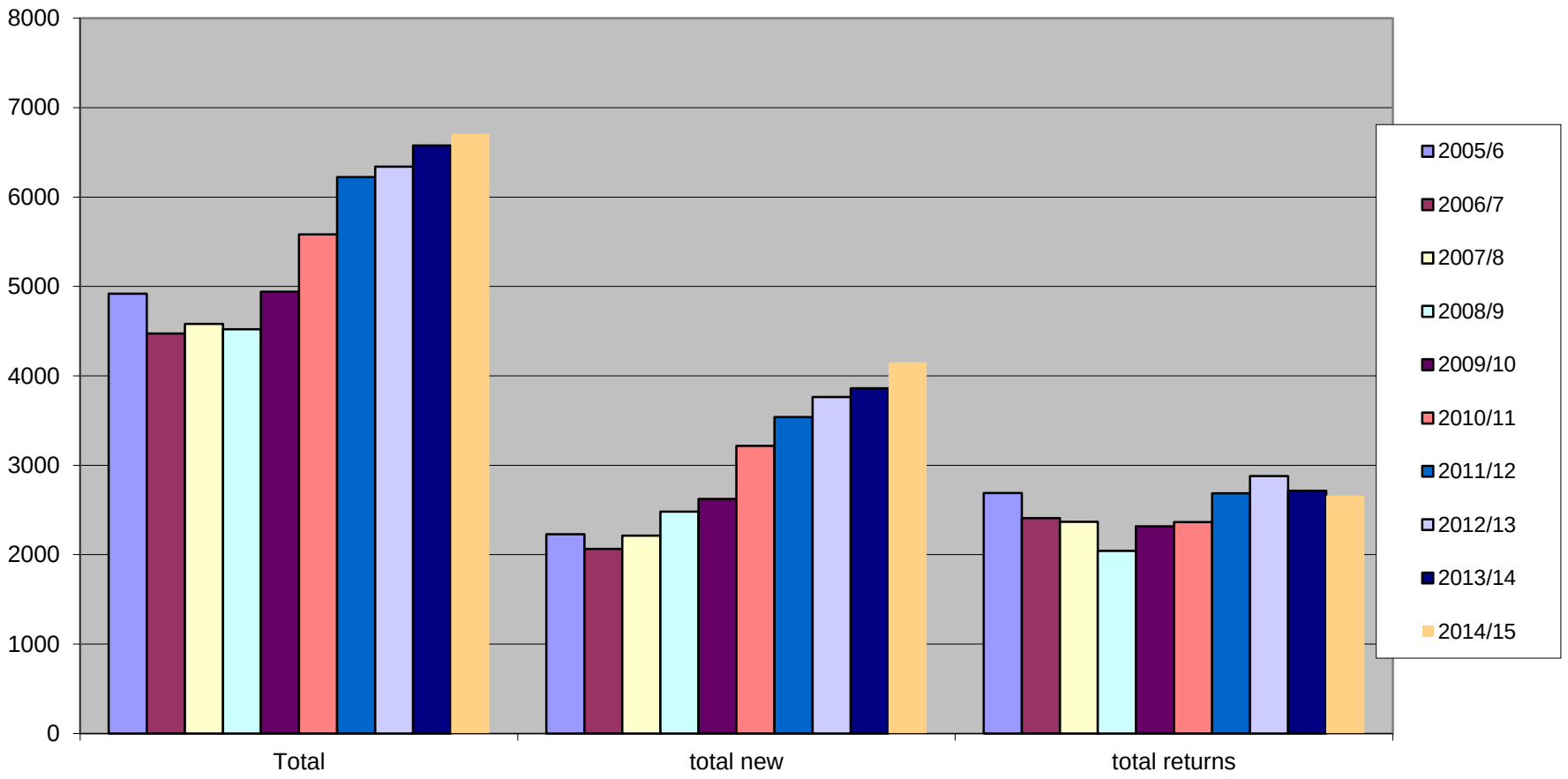
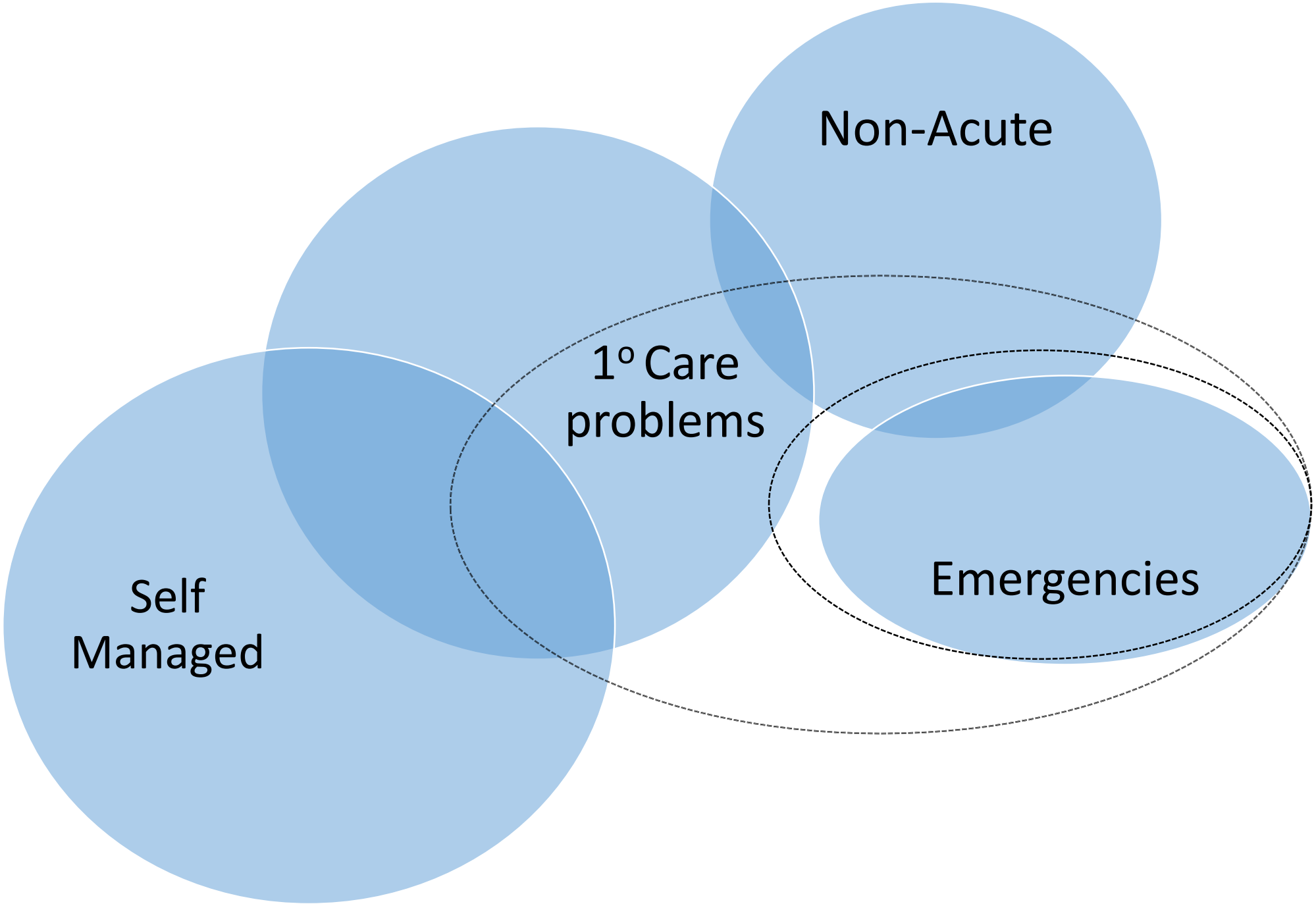


Ophthalmic A&E – walk-in depts



Urgent Referral Clinic: York




Non-Acute
1º Care problems
Self Managed
Emergencies

Health related episodes

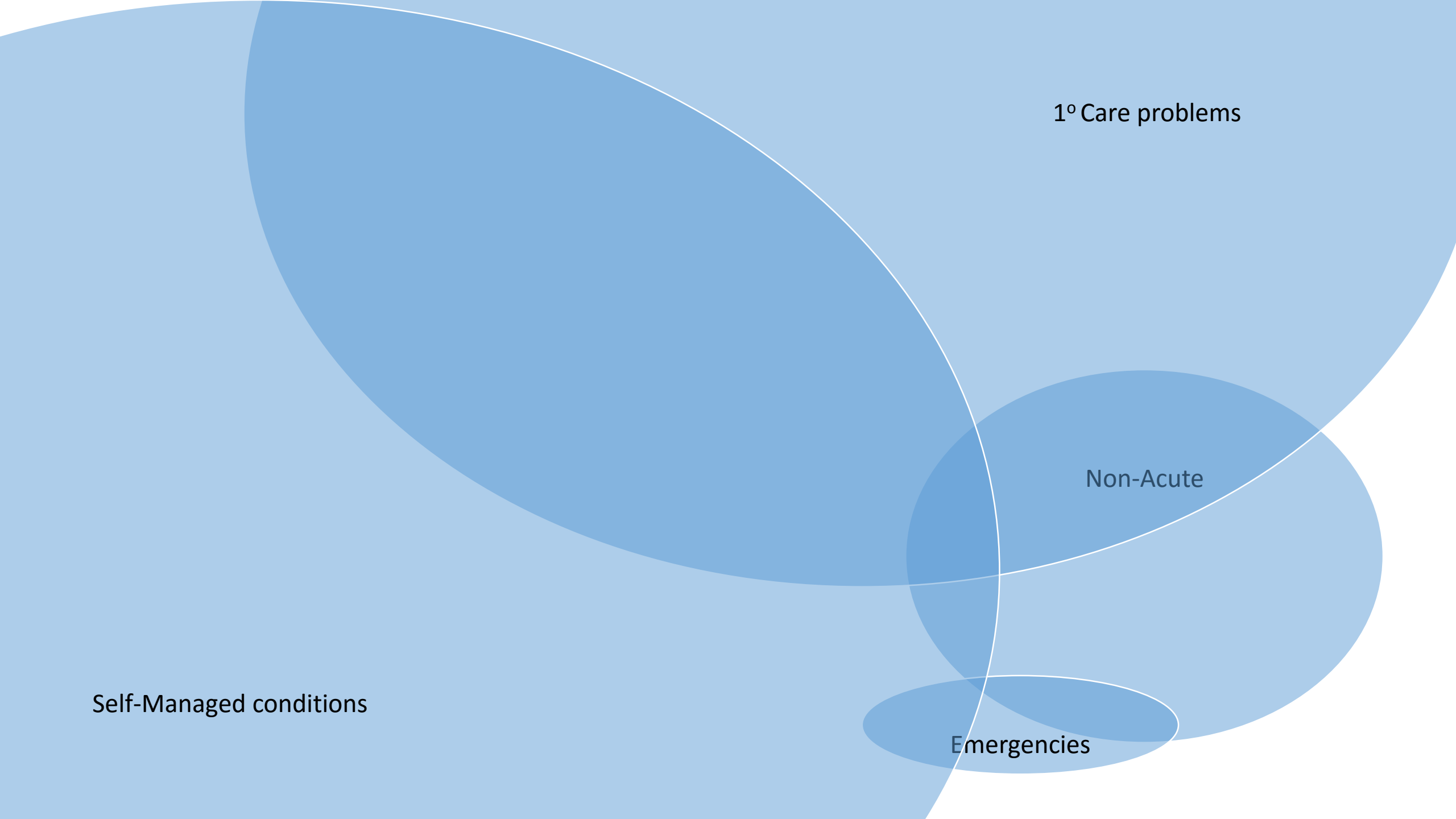
- ~438 million visits to a pharmacy in England for health related reasons in 2008/09 (2013) "Transforming urgent and emergency care services in England." NHS England

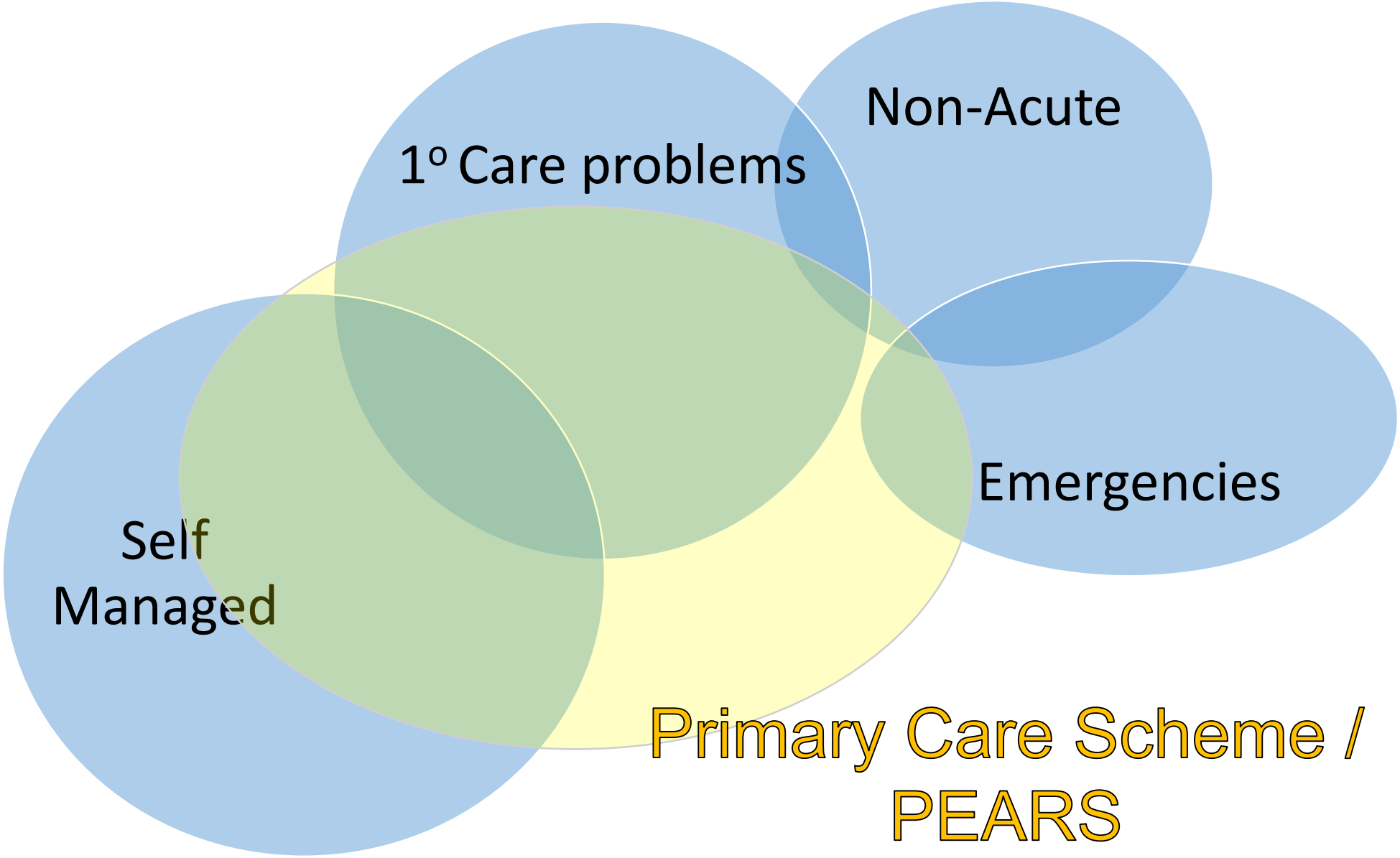
- ~340 million GP consultations in 2012/13 → 1.5 - 2% of those eye related.

- ~24 million calls to NHS urgent/emergency care telephone services in 2012/13

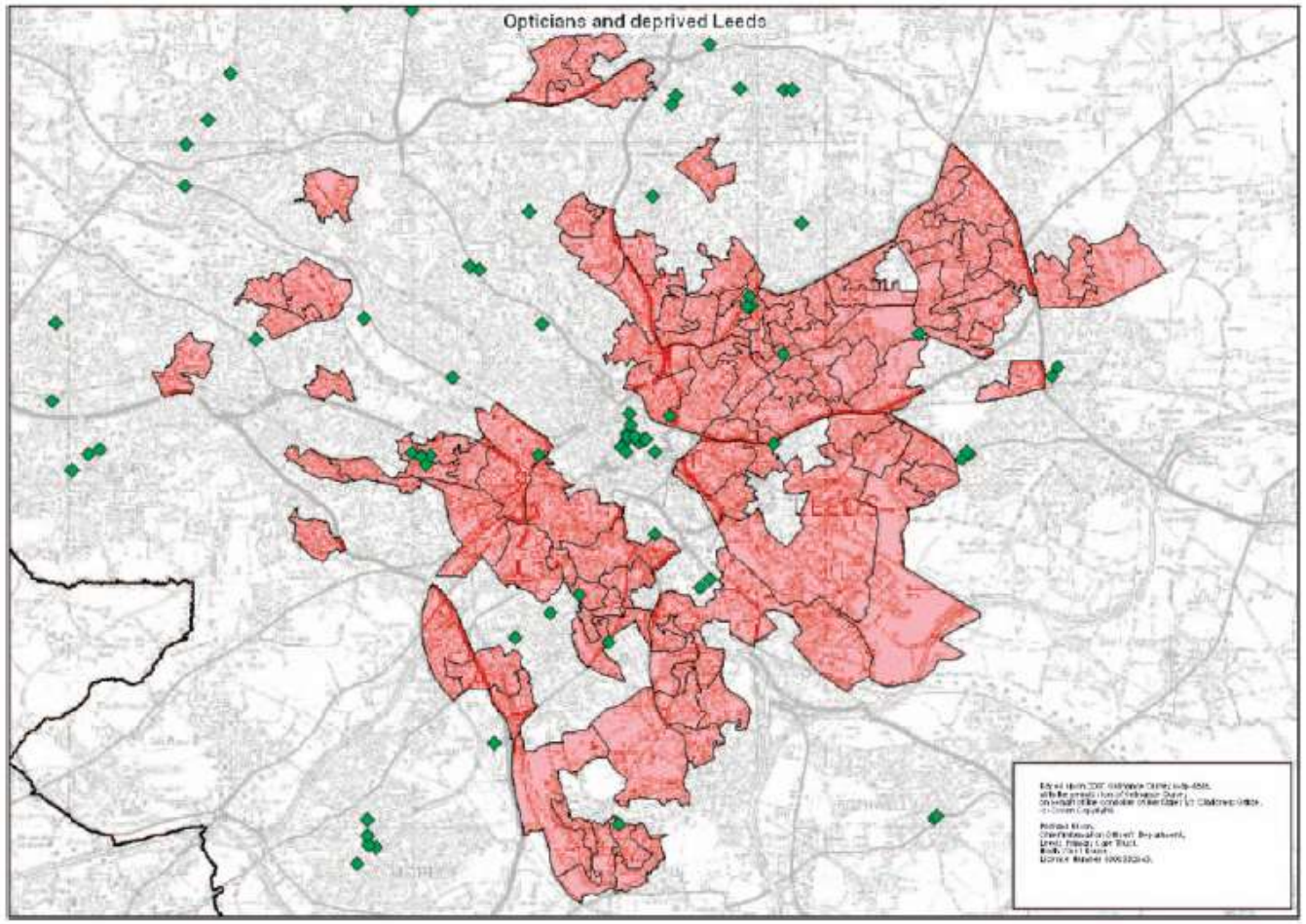
- 25 million A&E attendances → 1.5 – 6% of which are eye related

“Commissioning Better Eye Care: Urgent Eye Care”


1º Care problems
Non-Acute
Emergencies
Self-Managed conditions


1º Care problems
Non-Acute
Emergencies
Self Managed
Primary Care Scheme / PEARS

Does PEARS address inequity of access?



Early Consultant Opinion in A&E

Christmas et al Emerg Med J. 2013 May;30(5):360-2.

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- Consultants worked 26 of 182 night shifts during the period studied
- No differences in the number of patients present in the department at the start of the middle-grade or consultant night shifts
- Fewer patients presented per hour during middle-grade night shifts: 3.8 patients per hour versus 4.4 patients per hour
- Median waiting time was 19.6 min less and A&E length of stay was 20.5 min less when consultants on
- proportion of patients admitted average 3.9% less

Studies showing effect early senior opinion

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Cooper et al (2009) *Caring to the end? A review of the care of patients who died in hospital within 4 days of admission*, NCEPOD
Martin et al (2007) *Emergency Admissions: A journey in the right direction?*, NCEPOD
Christmas et al (2013) *The impact of 24 h consultant shop floor presence on emergency department performance: a natural experiment*
Geelhoed et al (2008) *Positive impact of increased number of emergency consultants.*
Sen et al (2012) *The impact of consultant delivered service in emergency medicine: the Wrexham Model*
White et al (2010) *Impact of senior clinical review on patient disposition from the emergency department*
Shetty et al (2012) *Senior Streaming Assessment Further Evaluation after Triage zone*
Terris et al (2004) *Making an IMPACT on emergency department flow: improving patient processing assisted by consultant at triage*
McNeill et al (2009) *What is the effect of a consultant presence in an acute medical unit?*
Bell et al (2013) *Consultant Input in Acute Medical Admissions and Patient Outcomes in Hospitals in England: A Multivariate Analysis*
Mullen et al (2009) *Timing of first review of new ICU admissions by consultant intensivists in a UK district general hospital*

Summary

- There are opportunities in;
  - Referral refinement
  - Technology
  - MDT working
  - Pathway redesign
- Internally led evolutionary change
- One size does not fit all
- Encouraged from outside – how is this best done?