NHS England

CLINICAL COUNCIL

FOR EYE HEALTH COMMISSIONING

Strategic approach to commissioning for eye health

David Parkins

.

THE COLLEGE OF OPTOMETRISTS

Challenges

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- Fragmentation has an impact
- Commission integrated pathways at scale
- Collect data and measure for successful patient outcomes.

The status quo is not an option:

Eye Health Systems

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NI pop 1.8m

- Health & Social Care Board
- 5 Local Commissioning Groups - HES
- GOS NHS sight test, 'repeat measures' PEARS
- Developing Eye Care Partnerships Strategy

Eire pop 4.6m

- Health Service Executive commissions HES
- Funded eye exam for children referred from school screening and different means tested rules for under and over 70)
- No funded community schemes

Wales pop 3m

- NHS Wales
- 5 Local Health Boards fund HES
- GOS sight test and Welsh Eye Health Exam band 1 for 'at risk' groups, band 2 for 'repeat tests' and band 3 for FUs.
- PEARS / Low vision

Scotland pop 5.3m

- NHS Scotland
- Scottish GOS - fully funded primary and supplementary exam
- 14 Health Boards - HES

England pop 54m

- NHS England
- GOS model free <16 and > 60 yrs of age (NHSE)
- Local primary eye care and community services / HES by CCGs
- Specialised services (NHSE)

(London pop 8.6m)

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Strategic objectives

CCEHC was formed in 2013 to act as the united voice of the eye health sector in England.

- To provide a prompt, informed and evidence-based source of recommendations
- To develop models of care and guidance to support commissioners and providers
- Be an effective partner on all eye health commissioning matters

Who?

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NHS Five Year Forward View:

- Individual clinicians and organisations will need to **establish different ways of working**, and that primary care providers will need to **collaborate at a much greater scale with one another, and with community and hospital providers** to deliver 'wider primary care at scale' for their communities.

- This will mean **new models of care**, and exploring how we can support the ambitions for primary care and work with other primary care contractors to provide joined up care for patients.

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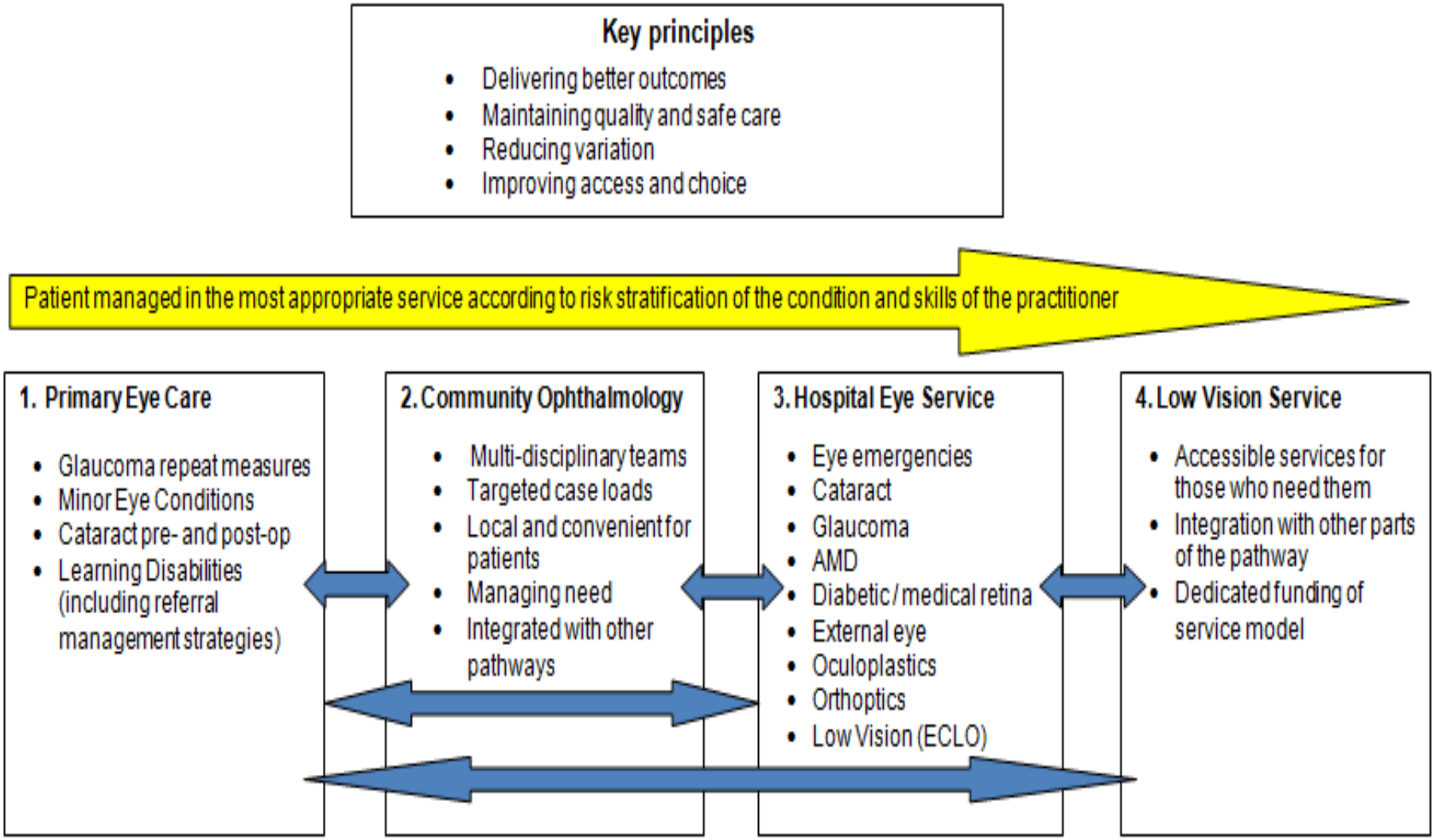
Framework principles



Community Ophthalmology Framework

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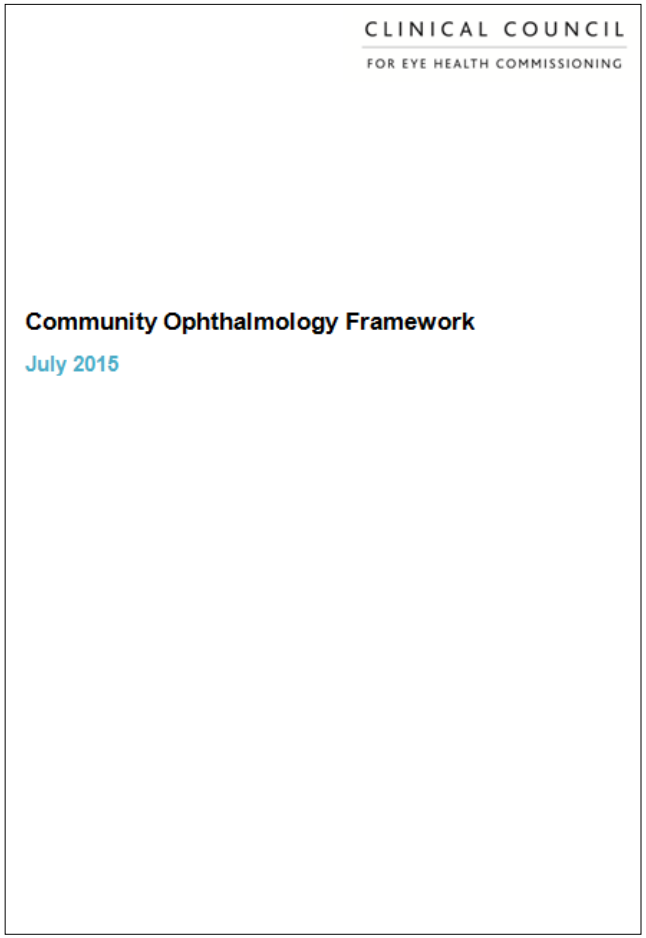
- Multi-disciplinary service – ophthalmologists, optometrists, GPs, nurses, orthoptists.
- Roles based on competency, not professional designation.
- Clinical leadership (may be community or hospital led).
- Clinical governance and training development.
- Good communications within pathway (electronic referrals and IT essential).
- Capable of managing low risk referrals.
- OHT, stable wet AMD, stable glaucoma but patients must move easily back to HES when required.
- Vast majority of patients need to managed within the service.
- Not a substitute service for work that should be done in primary care



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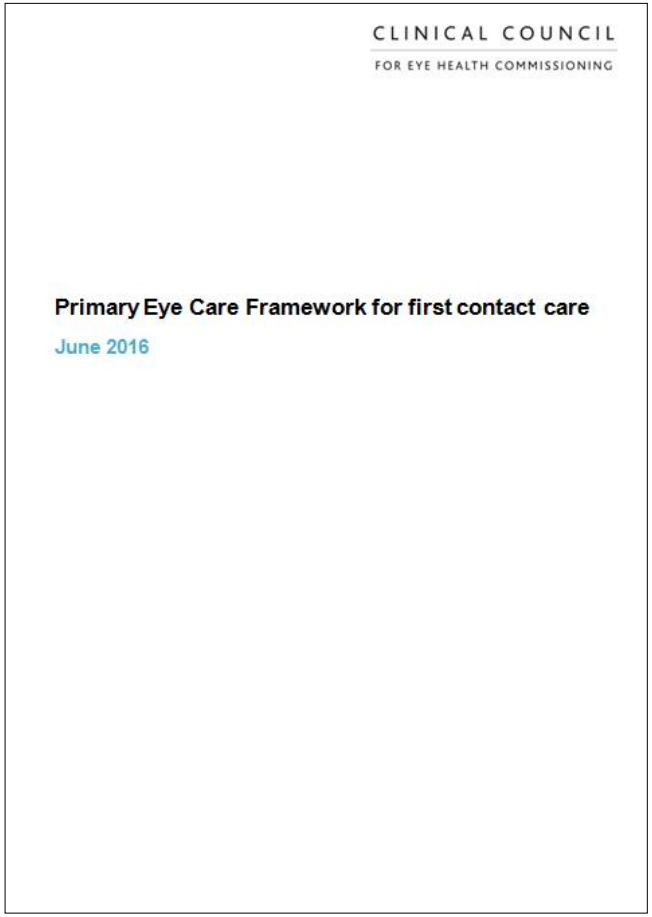
Primary Eye Care Framework

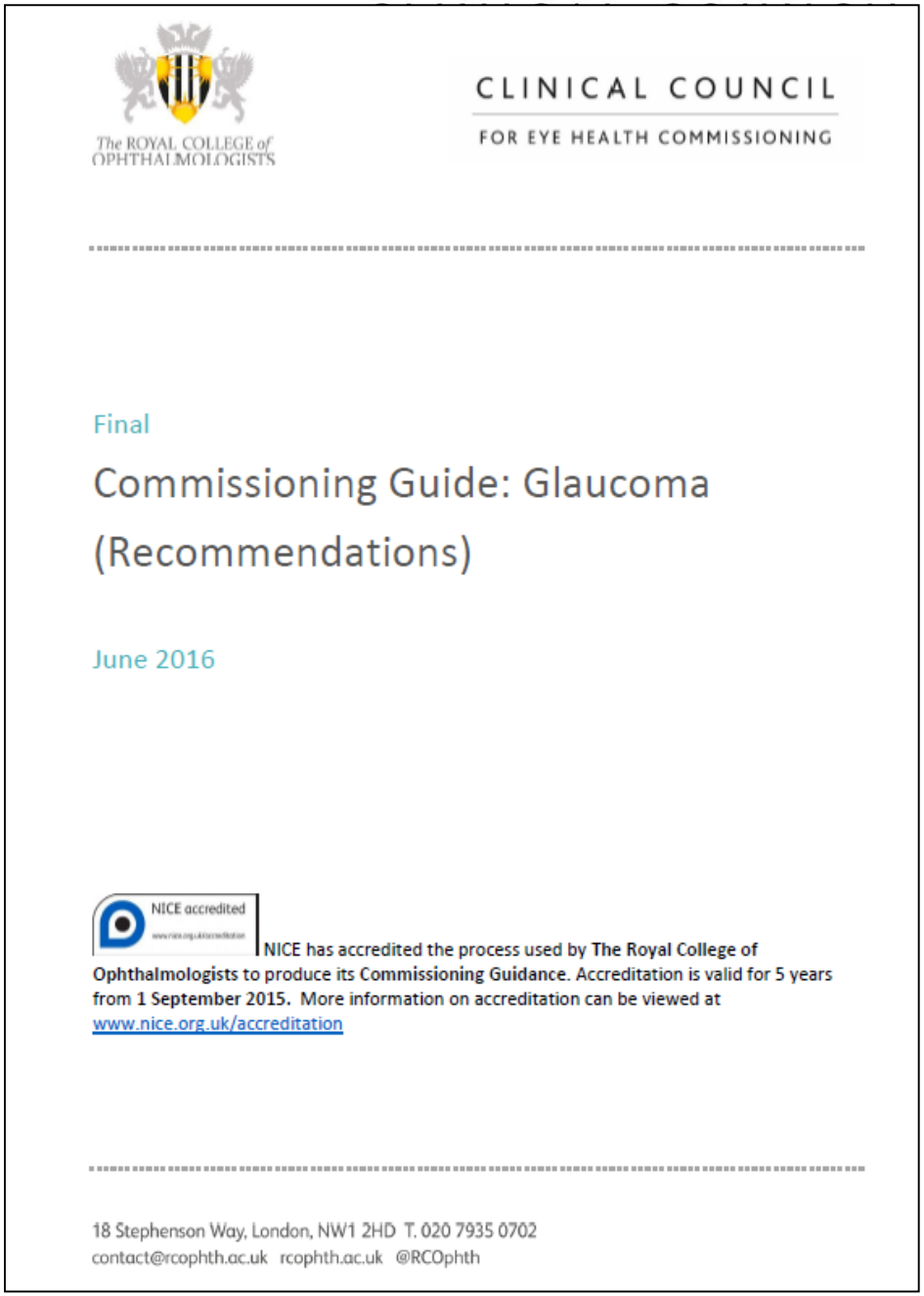
- Overall service specification includes:
  - a glaucoma ‘repeat measures’ pathway
  - an enhanced cataract referral linked to post-op assessment
  - a minor eye conditions pathway

- Better Outcomes from:
  - improved access and choice
  - services delivered consistently across an area and integrated with the rest of the pathway, so that there is:..
  - reduced duplication and waste (less inappropriate referrals, better quality referrals and more patients with relatively low risk conditions managed in Primary Care)
  - sign up to work to locally agreed protocols.
  - better data to inform commissioning and delivery plans.



So How?

- Working through LEHNs and others
- Working closely with commissioners
- Promoting local evaluation and feedback to inform future developments.



The ROYAL COLLEGE of OPHTHALMOLOGISTS

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Final

Commissioning Guide: Glaucoma (Recommendations)

June 2016

NICE accredited

NICE has accredited the process used by The Royal College of Ophthalmologists to produce its Commissioning Guidance. Accreditation is valid for 5 years from 1 September 2015. More information on accreditation can be viewed at www.nice.org.uk/accreditation

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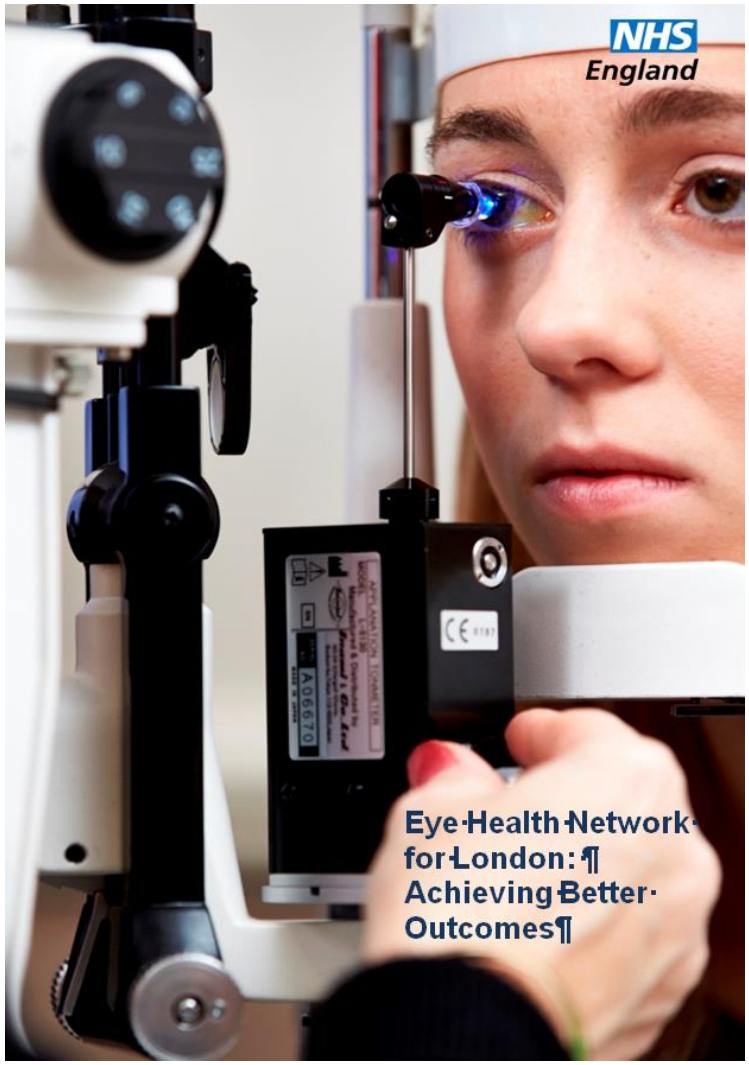
Eye Health Network for London: Achieving Better Outcomes



- Endorsed by Clinical Council
- Recommendations for common framework of patient centric pathways (no reinventing the wheel!)
- Pilot outcome-based portfolio of measures
- AMD, Cataract, Children, Diabetic Retinopathy, Glaucoma, Low Vision, LD/Dementia, Urgent Care
- Referral feedback to the optometrist as well as GP
- Better IT

Sustainability and Transformational Plans (STPs)

- Opportunity for groups of CCGs to work with providers to agree consistent pathways, ideally over an area served by the HES.
- Having a more consistent approach to eye care pathways will lead to earlier detection of eye problems, and quicker access to appropriate services and treatment which are so important to achieve better outcomes for patients.
- Working at STP level for better management of limited NHS resources

Lack of Data

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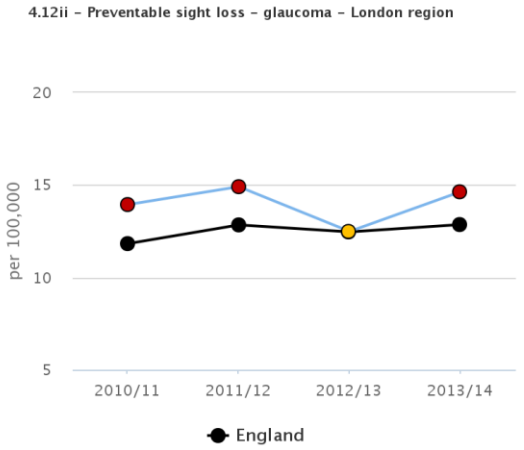
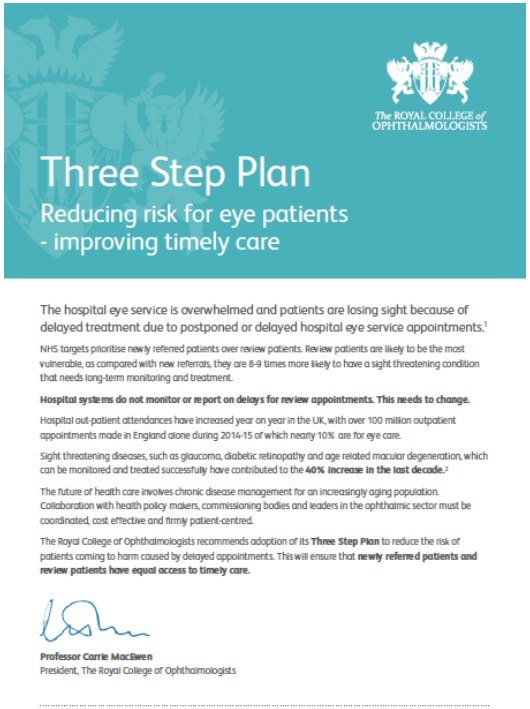
VISION 2020 THE RIGHT TO SIGHT UK

Portfolio of Indicators





The Royal College of Ophthalmologists

Three Step Plan

Reducing risk for eye patients
- improving timely care

The hospital eye service is overwhelmed and patients are losing sight because of delayed treatment due to postponed or delayed hospital eye service appointments.[1]

NHS targets prioritise newly referred patients over review patients. Review patients are likely to be the most vulnerable, as compared with new referrals, they are 8-9 times more likely to have a sight threatening condition that needs long-term monitoring and treatment.

Hospital systems do not monitor or report on delays for review appointments. This needs to change.

Hospital out-patient attendances have increased year on year in the UK, with over 100 million outpatient appointments made in England alone during 2014-15 of which nearly 10% are for eye care.

Sight threatening diseases, such as glaucoma, diabetic retinopathy and age related macular degeneration, which can be monitored and treated successfully have contributed to the **40% increase in the last decade.**[2]

The future of health care involves chronic disease management for an increasingly aging population. Collaboration with health policy makers, commissioning bodies and leaders in the ophthalmic sector must be coordinated, cost effective and firmly patient-centred.

The Royal College of Ophthalmologists recommends adoption of its **Three Step Plan** to reduce the risk of patients coming to harm caused by delayed appointments. This will ensure that **newly referred patients and review patients have equal access to timely care.**

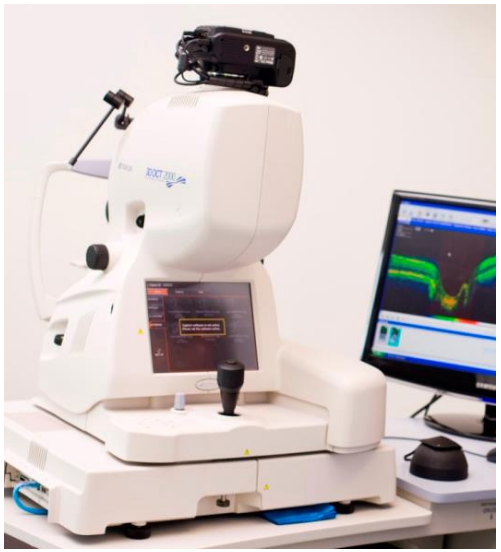
Professor Carrie MacEwen
President, The Royal College of Ophthalmologists

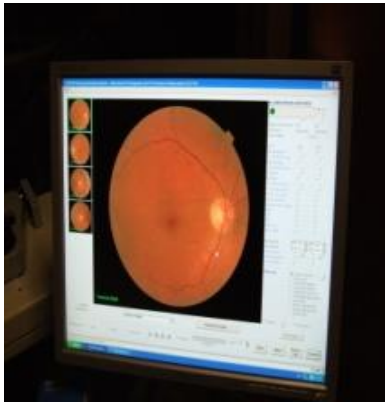
4.12iv - Preventable sight loss - sight loss certifications 2013/14 — Crude rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	22,911	42.5	42.0	43.1
East Midlands region	1,944	42.3*	40.4	44.2
East of England region	2,484	41.7*	40.1	43.4
London region	2,541	30.2*	29.0	31.4
North East region	1,278	49.0*	46.3	51.7
North West region	3,280	46.2*	44.6	47.8
South East region	3,615	41.1*	39.8	42.5
South West region	2,245	41.8*	40.1	43.5
West Midlands region	1,961	34.6*	33.0	36.1
Yorkshire and the Humber...	2,562	48.0*	46.2	49.9

Source: Calculated by Public Health England Knowledge and Intelligence Team (West Midlands) from data provided by Moorfields Eye Hospital and Office for National Statistics

Lack of joined up IT





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Main Messages

- HES capacity issues need action
- Sharing data for FU reporting
- Solutions involve new models of care:
  - Primary eye care service – manage and monitor before referral. Great potential for savings
  - Community Ophthalmology services – see low risk patients and stable conditions out of the hospital eye service
- IT systems and data collection to evaluate and improve services

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Working Together