

## VANGUARD: Better Care Together

Case study: Community Eye Care Service



### Purpose:

The purpose of the Community Eye Care service is to enable patients and public, with suitable eye conditions, to be referred to a community service provider under an “integrated eye service model”.

This will have the direct effect of reducing hospital outpatient and follow up activity, improving the patient experience and ensuring that people are receiving the right care, at the right time, in the right place, with less travel.

### Context (processes and conversations)

With the annual growth in ophthalmology activity at University Hospitals of Morecambe Bay, waiting lists and times are projected to continue to increase.

Staff began having discussions around the growth of the problem as the demand for University Hospitals of Morecambe Bay Foundation Trust (UHMBFT) ophthalmic services was expected to grow by 1-2% per year. Between 2012/13 and 2015/16, new outpatient attendances have increased by 3.5% per year on average, and follow-up attendances by 5.5% per year. Additionally, new eye-related hospital outpatient attendances are higher than expected and activity growth locally has exceeded national levels for a number of years.

Despite considerable **recruitment efforts** the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBFT) has had difficulty in recruiting medical staff and nursing staff which has resulted in added pressure within Hospital Eye Services.

The majority of patients requiring treatment for eye conditions or regular monitoring were seen within the Hospital Eye Services which are provided at Royal Lancaster Infirmary, Furness General Hospital, Westmorland General Hospital in Kendal and Queen Victoria Hospital in Morecambe.

In order to minimise the increasing demand on hospital services it was important to recognise the existing community workforce including optometrists, who can provide eye care services for patients outside of hospital and closer to home.

It was also found that care such as cataract follow ups, low risk glaucoma care and other issues such as “flashes, red eye and floaters” in non-complex conditions could be offered by optometrists in the community.

Along with having the skills to deliver the community eye care service; local optometrists had clearly stated that they had the capacity and desire to take on the additional work.

With the growth in activity, rising demand and current insufficient capacity in secondary care the new service for non-complex conditions was implemented to ensure that eye care services remained sustainable locally, now and for the future.

**How it works, setting out the steps:**

Once it was acknowledged that there was a workforce of optometrists within the Morecambe Bay locality who have the knowledge, skills and competencies to deliver eye care to patients, staff began looking into other areas where similar work has been done.

As a consequence the community provider service within Morecambe Bay was based on other models already provided in England for example East Lancashire, Fylde & Wyre and Gloucestershire.

The new service which **builds on existing community provision** enables patients with suitable eye conditions, to be seen by fully accredited optometrists who can deliver a number of safe and high quality services including:

- Intra-ocular pressure remeasurement (glaucoma referral refinement)
- Ocular hypertension (OHT) monitoring (also glaucoma-related)
- Post-op cataract appointments
- Paediatric refractions
- Community eye care for other suitable conditions

Delivery of this Community Eye Care service is via the local Primary Eye Care Lancashire which is a not for profit company set up by the Lancashire Local Optical Committees, which is able to subcontract work to the local optometrists under its overall corporate governance. Primary Eye Care Lancashire began the process by arranging a tender process to be able to offer this service to patients and public across Lancashire and Cumbria.

As part of this, vetting was completed by Primary Eye Care Lancashire in order to determine who was suitable to deliver this service and what type of conditions would be clinically appropriate to be seen under the new service. A communication plan for relevant stakeholders was then put into place.

Patients and public can now access this service for appropriate eye conditions via their GP, optometrist or by onward referral from their current hospital provider. For Morecambe Bay patients and public this means they will have a choice of several community providers, rather than the choice of four hospital sites.

### **1) Collaborative working**

This initiative, involving collaborative working is a part of the Better Care Together initiative, which looks to improve patient experience and provide increased access to local care.

The Community Eye Care service is clinically led by a working group who has developed this model over the past 18 months. The group has a Clinical Lead Ophthalmologist, GPs and Senior Managers from the Clinical Commissioning Groups, Consultant Ophthalmologists and Hospital Managers, Community Optometrists and representatives from the Local Optical Committee Support Unit to enable a change in working practice.

The working group has also funded the training for the community optometrists and held an educational launch event for hospital and community clinicians.

The development of the service has also involved hospital staff, CCG's, Primary Eyecare Lancashire, community providers and patient and public input.

### **2) Engagement**

Better Care Together has engaged with:

- Users of eye clinic at UHMBFT sites
- UHMBFT staff
- Optometrists from the Morecambe Bay area
- GPs from the Morecambe Bay area

The patient and public engagement objective was to determine if patients would change their current practice of attending hospital and consider attending appointments outside of the acute sites – where it was clinically appropriate to do so.

The engagement was carried out on the four hospital sites that offered the current hospital eye care service via face to face engagement with surveys, and over a one month period with an online survey.

The face to face engagement with surveys was carried out in outpatient areas. People were also offered the opportunity to complete a survey online via 'Citizen Space' – an online engagement tool.

Staff were emailed a link to the survey along with background information, this was also shared by partners e.g. Practice Managers for GPs and the Local Optical

**Change elements**

Committee for optometrists.

There was an even spread of people who would choose to have their appointments in hospital or in an out of hospital setting. However the surveys also told us that people had preferences for places that were more convenient, closer to home, less costly to travel to, speedier journeys, shorter waiting times and had fewer difficulties in parking.

Concerns about a change to care outside of hospitals included whether specialist treatment could be offered outside a hospital, were community staff qualified to give treatment, familiarity with attending a local hospital, and accessing the good service that had been experienced in hospital. The new service offer aims to address many of the concerns raised whilst acting on preferences.

### **3) Implementation of the changes (patient and public communication)**

Existing patients who use Hospital Eye Services were communicated with by letter/phone during the transitional phase so that they were aware of the new arrangements.

It was agreed that new patients would be communicated with by an appointment letter explaining the list of community-based options.

GPs, Pharmacies, opticians and Emergency Departments all received posters to display to explain what eye conditions can be seen in the community.

Patient information leaflets were made available in GPs, opticians and hospital outpatient departments as well as on the hospital website.

Press releases, articles in staff newsletters and social media were used to help disseminate the information.

#### **Success so far:**

In the first two months of a new service seeing patients in the community rather than hospital, almost 1000 people have been seen at their local opticians for a variety of conditions/ treatments:

- 781 people have been seen for minor eye conditions
- 89 people have been seen for glaucoma repeat readings
- 33 people have been seen for repeat paediatric refraction
- 5 people have been seen for post-op cataracts

Prior to the launch of the community eye care service, optometrists saw approximately 30 patients with minor eye conditions each month. Following the launch this figure has risen tenfold with optometrists seeing 300 patients each month and this figure is expected to increase.

Currently there are 22 Optical practices actively participating in the scheme increasing the choice of locations to receive care which means the local population have a greater choice than previously. Optometrists are enjoying being able to provide this service within their communities:

Timothy Bagot, Bagot Opticians, Kendal, Windermere and Grange-over-Sands said: "Offering patients a high level of care in the community by working closely with local

	<p>ophthalmologists has made the first few weeks of the community eye care scheme very rewarding. We as optometrists have the skills and equipment to ensure that patients are quickly assessed and treated, and we will ensure they are referred to hospital if there is a more serious problem.”</p> <p>The new service has been found to be extremely cost effective for the NHS. Patients are being seen by optometrists for minor eye conditions at a cost of £56.80 per patient including any follow-up. This is less than half the price of seeing those patients in hospital eye casualty clinics at £116 per patient.</p>
<p><b>Lessons learnt:</b></p>	<p>Service user and staff engagement is essential</p> <p>Plan how you will evaluate the service from the outset and do this on a monthly basis to gauge its impact</p> <p>Agreeing the process mapping earlier in the discussions</p> <p>The importance of engaging with all primary care clinicians such as Pharmacy staff</p> <p>Provide regular updates to the practitioners delivering the initiative so they take ownership of their part of the service redesign</p>
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