



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 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.²

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.**

The Royal College of Ophthalmologists

September 2018

Three Step Plan

1

Collect & Report Data - make it mandatory

Data are not routinely gathered regarding appointments that are delayed or postponed for patients under review. Collection of such data must become mandatory in order to identify unsafe delays, to highlight service inadequacies and inform future service development.

- All hospitals should collect and share adequate, mandatory data about hospital delayed appointments with clinicians, managers and commissioners to inform and develop services to meet local needs
- Data regarding hospital initiated deferrals should become an outcome measure for all out-patient services
- Alerts and safety mechanisms must be introduced in all hospitals to identify and re-appoint patients falling outside their clinically recommended review period

2

Maximise Capacity - use all resources effectively

Optimise existing and limited resources such as personnel, space, equipment and patient flow within the hospital and the community. Provision of education and training will lead to nationally recognised skills for the multidisciplinary ophthalmology-led team. Workforce planning is critical to ensure that ophthalmology consultant posts are filled appropriately.

- Utilise and follow clinical and commissioning guidelines to improve referral quality, increase discharge and assist patient flow through the system
 - Share good practices, models of care and new ways of efficient working
 - Optimise and train members of multidisciplinary team of ophthalmic nurses, orthoptists, optometrists and health vision scientists both in hospitals and the community
 - Use pathways and protocols that optimise the roles of all members of the team³
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3

Empower & Inform Patients - promote personal responsibility

Work with patients and patient groups to facilitate better understanding and knowledge of eye health, diagnosis and personal treatment plans. Empower patients to recognise the importance of their appointment scheduling and the need to be seen as advised by their clinician.

- Partner with patient groups to campaign for better eye health knowledge and self-advocacy
- Work with hospitals and professional organisations to educate reception and administration staff about eye diseases and importance of patient follow up appointments
- As well as following named doctor protocols, hospitals should provide clear guidance on contact details for the eye clinic and appointment scheduling



More than **2 million** people have reduced vision in the UK and it is estimated that this figure will double by 2050⁴

£28
BILLION

The total estimated cost of eye health and sight loss in the UK is estimated to be around **£28 billion** every year⁵



Nearly **10%** of all patients attending a hospital out-patient department go to the eye clinic²



Nearly **9 million** people are treated in hospital eye services annually²



Nearly **400,000** cataract operations are performed annually in the NHS²



People with vision impairment are **twice as likely** to have falls⁶



Sight loss is associated with increased levels of **depression** and **anxiety**⁷



Loss of vision is recognised to mean **earlier dependency on care homes** and care support



More than 10% of over 65s have some form of visual impairment

The aims of the Three Step Plan are supported by the following initiatives and outcomes will be published in 2016. Please contact The Royal College of Ophthalmologists for more information.

The Way Forward - A RCOphth report identifying best practice models for the delivery of ophthalmic services in the UK, Mr John Buchan, Professor Caroline MacEwen - www.rcophth.ac.uk/standards-publications-research/the-way-forward-ophthalmic-services-and-workforce-configuration/

Competency Framework - Developing a Competency Framework for expanded ophthalmic roles for Ophthalmic Nurses, Optometrists, Orthoptists and Ophthalmic Clinical Scientists, Professor Caroline MacEwen - www.rcophth.ac.uk/2016/01/competency-framework/

References

- 1 Surveillance of Sight Loss due to delay in ophthalmic review in the UK: Frequency, cause and outcome, Mr Barny Foot, Professor Caroline MacEwen - www.rcophth.ac.uk/standards-publications-research/the-british-ophthalmological-surveillance-unit-bosu/abstract-surveillance-of-sight-loss-due-to-delay-in-ophthalmic-review-in-the-uk/
- 2 www.hscic.gov.uk/hes, www.isdscotland.org/, www.wales.nhs.uk/statisticsanddata/sourcesofdata
- 3 The Royal College of Ophthalmologists Clinical Guidelines - www.rcophth.ac.uk/standards-publications-research/clinical-guidelines/ and Commissioning Guidance, www.rcophth.ac.uk/standards-publications-research/commissioning-in-ophthalmology/
- 4 www.rnib.org.uk/sites/default/files/Eye_health_data_summary_report_2014.pdf
- 5 Pezzullo L, Streatfield J, Simkiss P, and Shickle D (2018) The economic impact of sight loss and blindness in the UK adult population. BMC Health Services Research, 18:63 (www.rnib.org.uk/knowledge-and-research-hub-research-reports/prevention-sight-loss/stateofthenation)
- 6 Scuffham PA, Legood R, Wilson E, Kennedy-Martin T. Incidence and Cost of Injurious Falls Associated with Visual Impairment. Visual Impairment Research. 2002; 4 1-14
- 7 Williams RA, Brody BL, Thomas RG et al The psychosocial impact of macular degeneration. Arch Ophthalmol 1998;116:514 – 20

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