

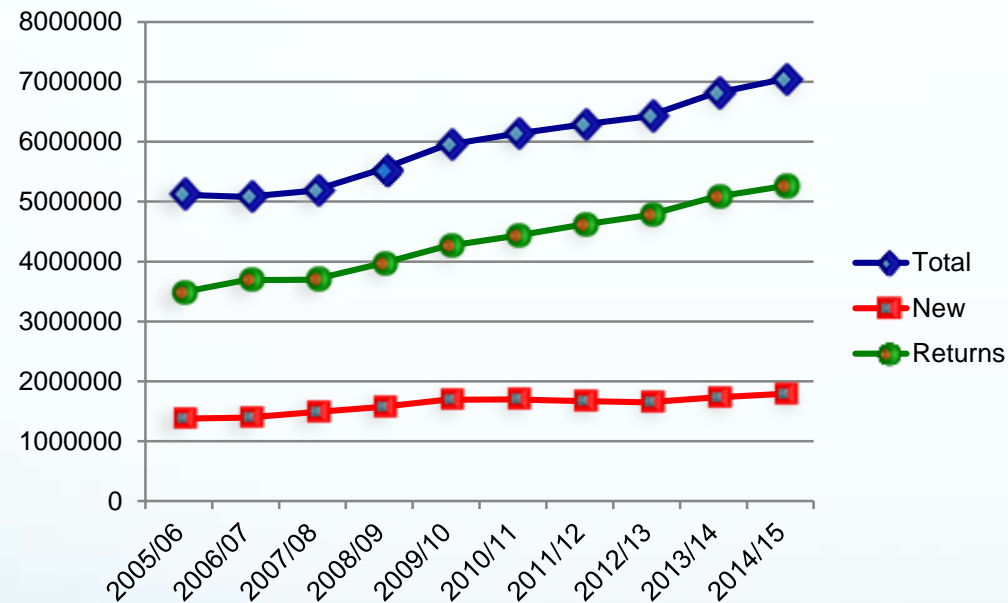
Ophthalmology services

**Current position and pressures – the
route to the solutions**

UK ophthalmology services

- 40% increase in patients attending eye outpatient departments in last decade
- 10% all outpatient attendances to eye departments
- Cataract surgery accounts for 5% of all surgery
- ‘Explosion’ in treatments for AMD and retinal vascular disease
- Diabetes epidemic
- Ageing population with chronic diseases

Outpatient activity - England



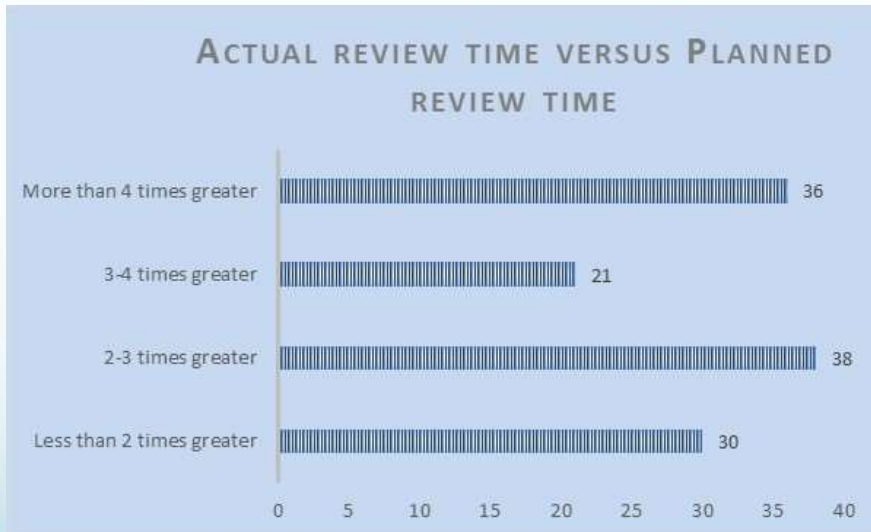
- **General persistent increase in demand**
- **Return patients**

Increase in 'news' - 30%
Increase overall - 37.5%
Increase returns 40%



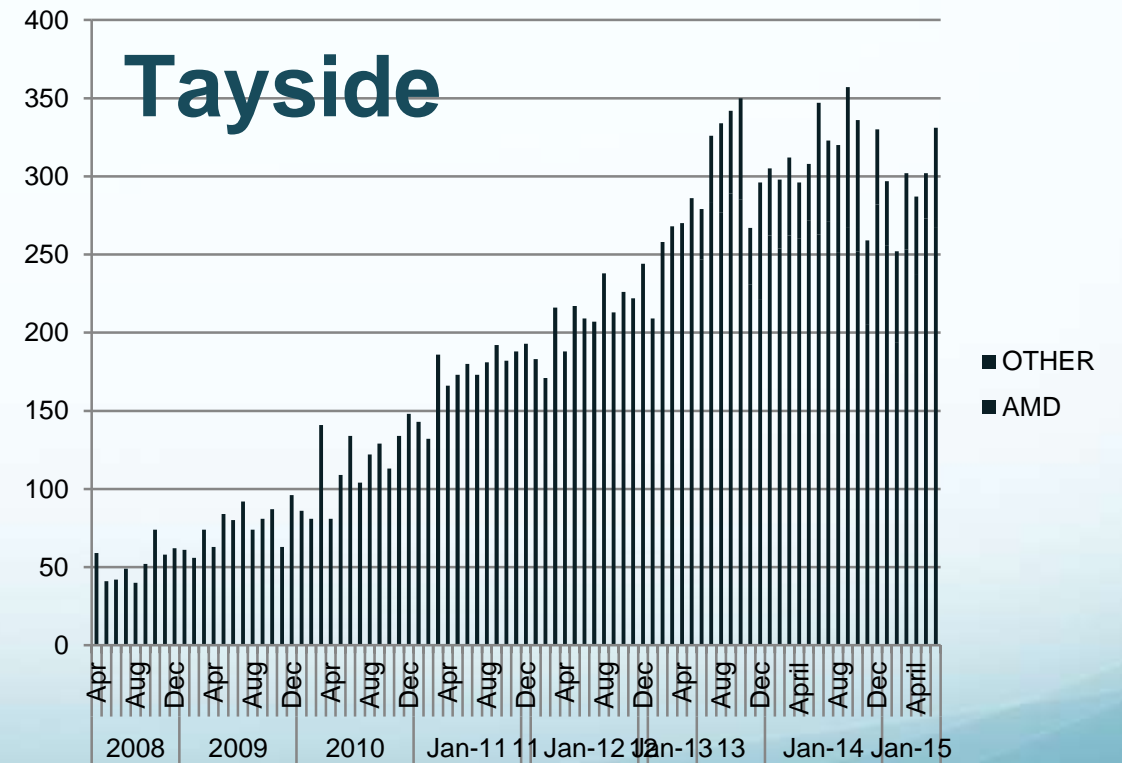
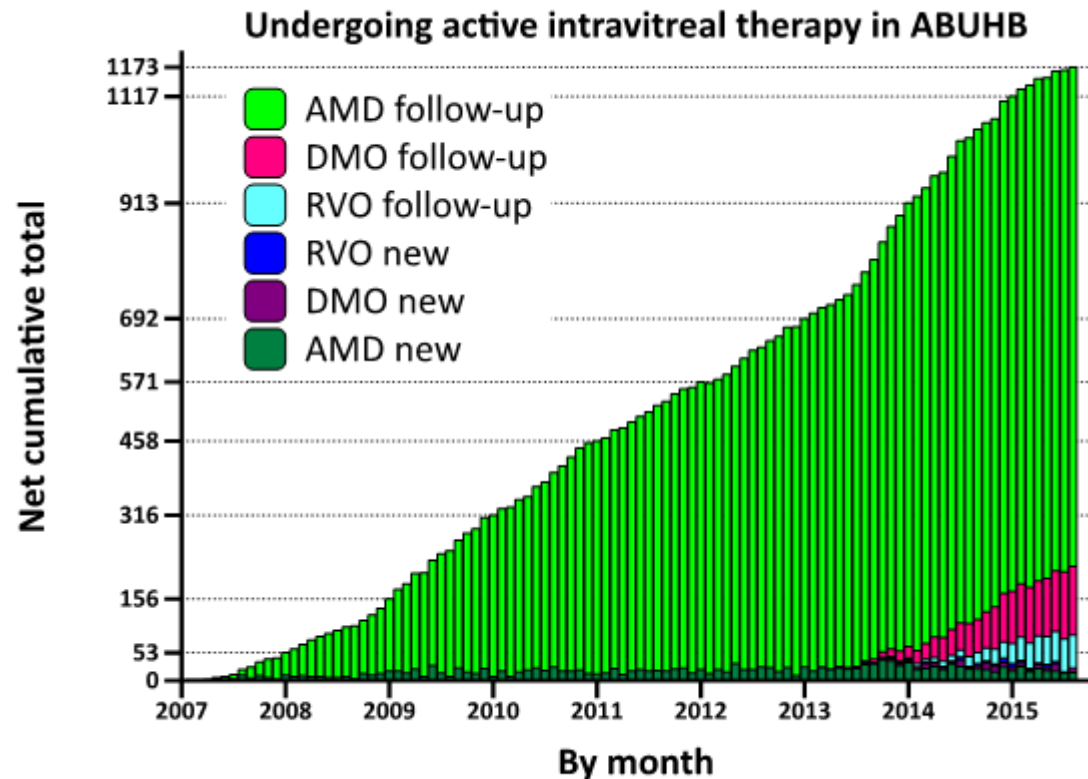
Patients coming to harm

- No targets for follow up patients
 - New patients take priority
- No system to record delays
- Evidence of significant delays
- At least 20 patients per month losing vision
- Insufficient capacity
 - Glaucoma
 - AMD
 - Diabetic retinopathy
 - Retinal vascular disease



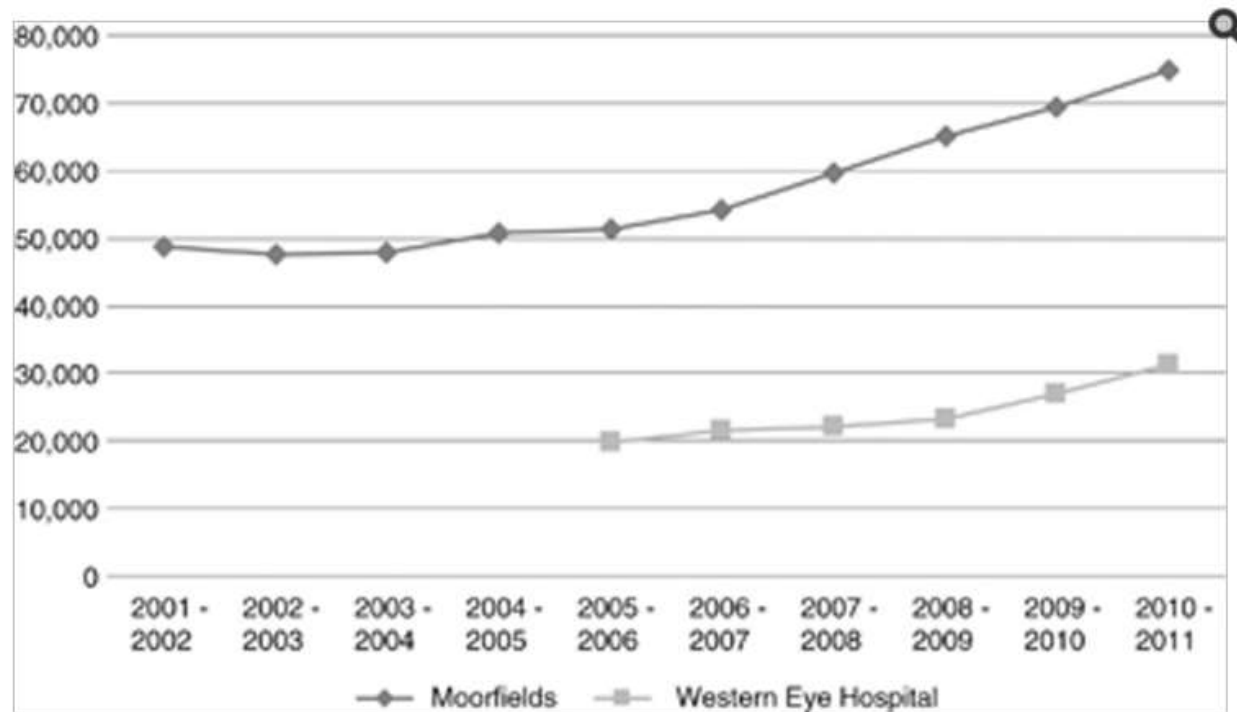
Patient safety

New development – intra-vitreous injections



Acute care - increased demand

Figure 1



Eye Casualty Attendances at Moorfields and the Western Eye Hospital, 2001–2011.

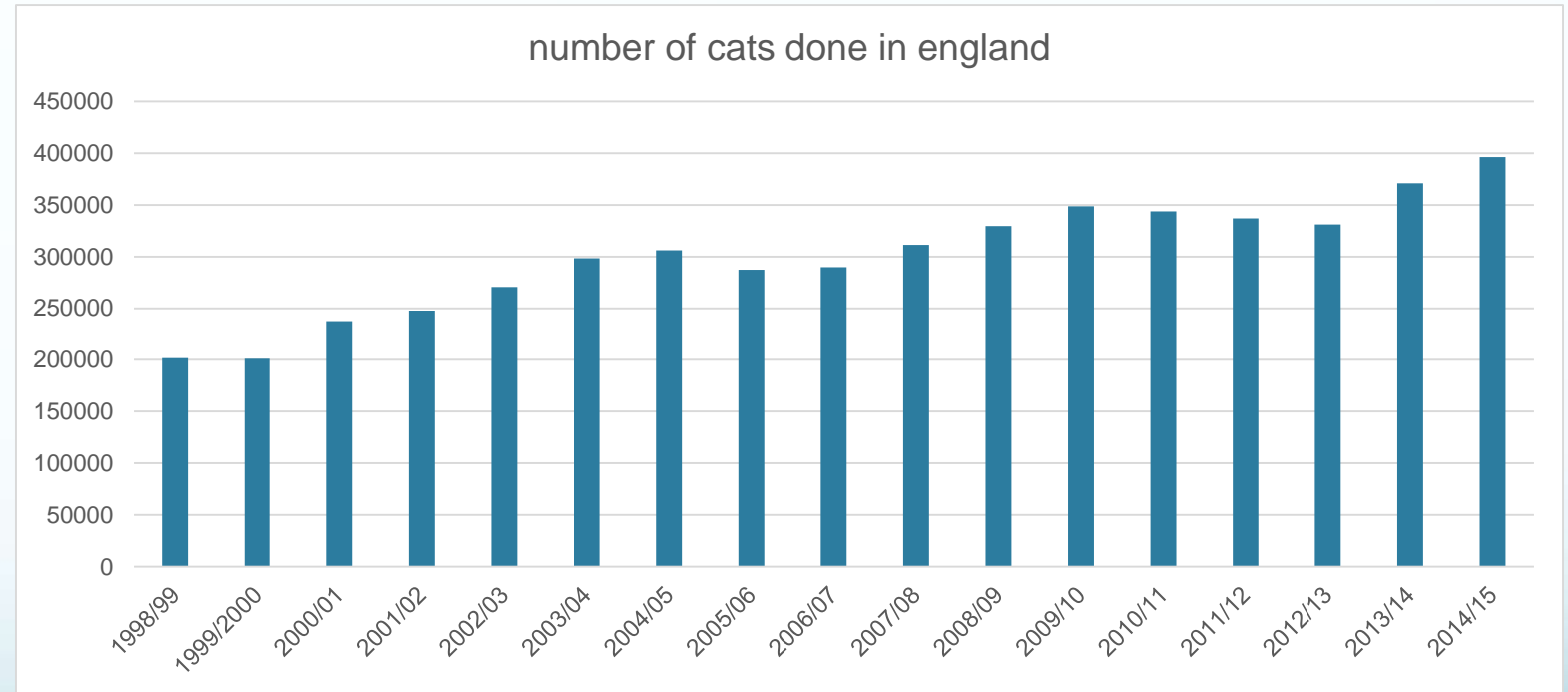
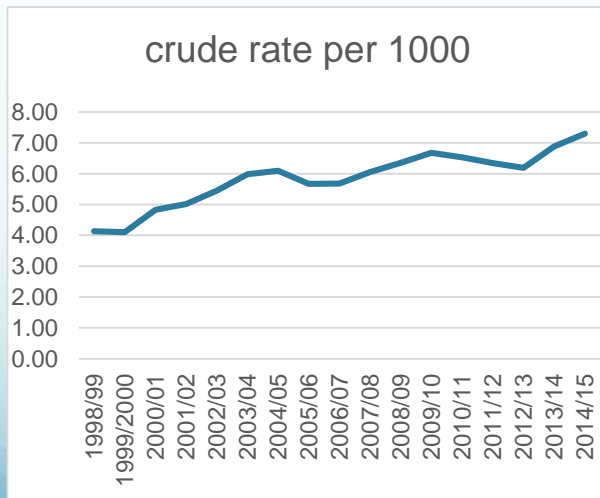
Inappropriate referrals
Increased expectations
Walk in service
No equipment in primary care
Centralisation of OOH services

Hau 2007

Cataract surgery

Cataract surgery

- Commonest operation
- 9.2% increase
- Nearly 400,000 annually



Inconsistency of care

- 5 fold variation in PCT expenditure on eye care
 - 2.8 fold variation in cataract surgery rates (2008/09)
 - 2.9 variation in cataract surgery rates (2013/14)
- Compounded by poor data collection

Table 18.1: Rate of admission to hospital for cataract surgery in people aged 65 years and over per 100,000 population

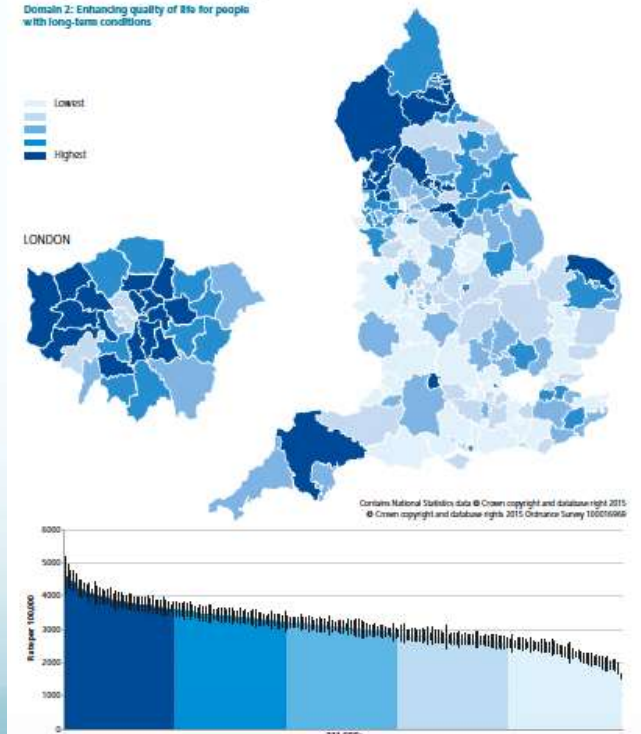
Financial year	Crude admission rate	Directly standardised rate (DSR)	95% confidence intervals (CIs) for DSR
2010/11	3229	3174	3162–3185
2011/12	3131	3094	3082–3105
2012/13	3032	3033	3021–3044

PROBLEMS OF VISION

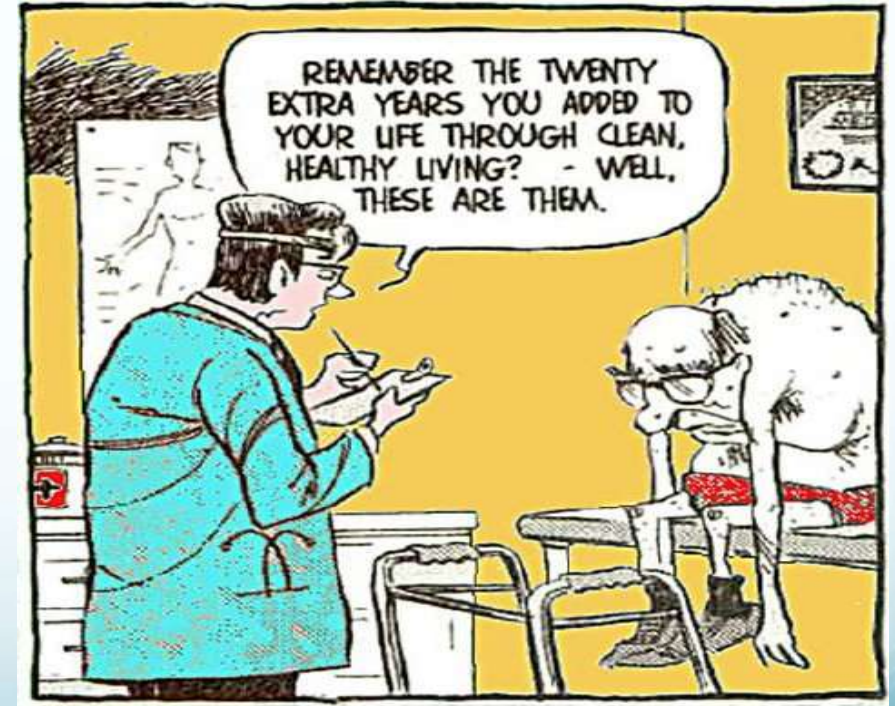
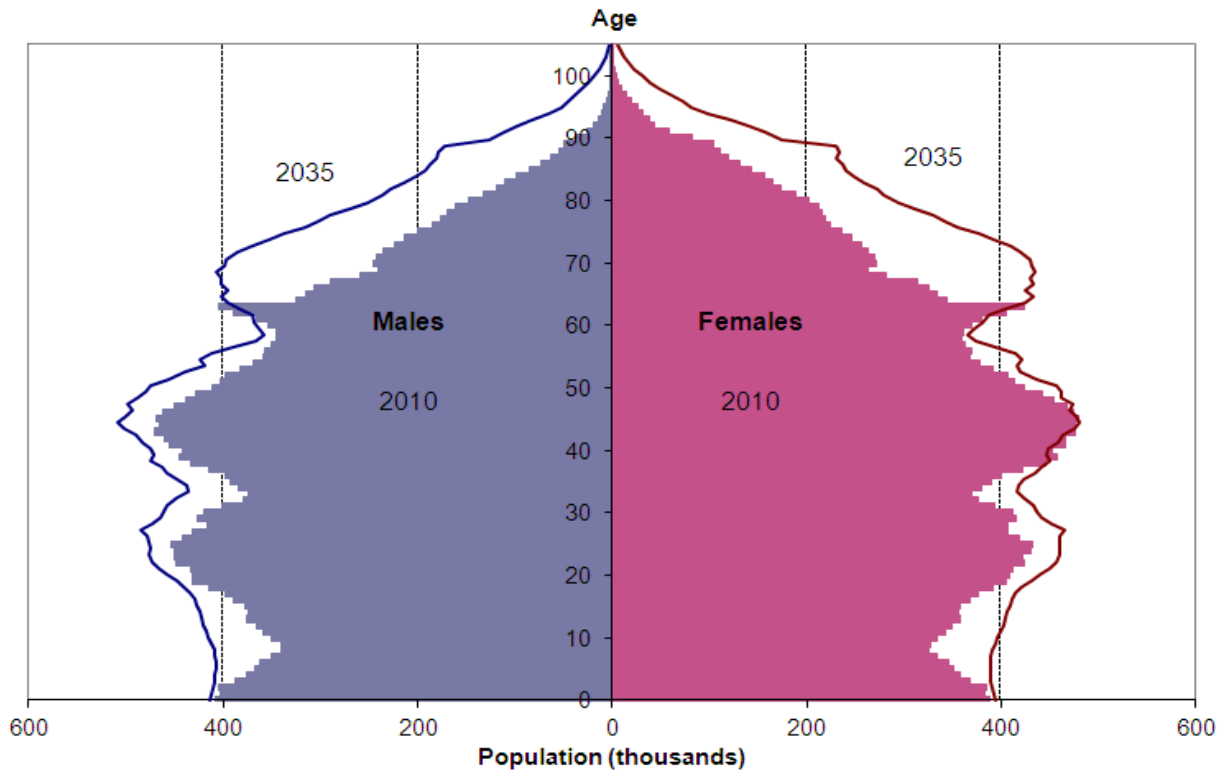
Map 18: Rate of admission to hospital for cataract surgery in people aged 65 years and over per population by CCG

Directly standardised rate, adjusted for age and sex, 2012/13

Domain 2: Enhancing quality of life for people with long-term conditions

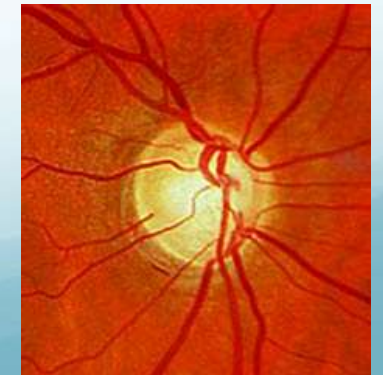
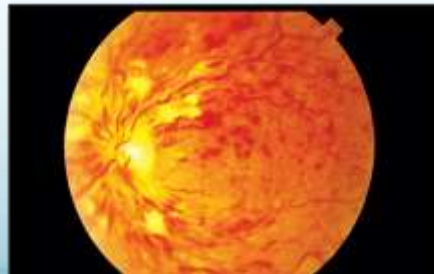
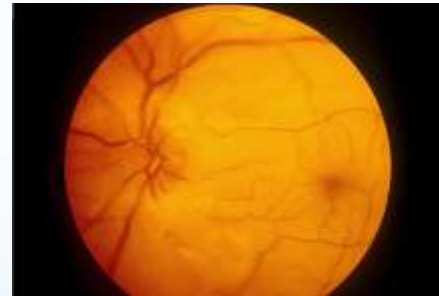


Ageing and chronic disease



Set to get worse!

- Age related macular degeneration
- Glaucoma
- Diabetic eye disease
- Vascular disease



Something needs to be done!

- Increase in demand – vast and affecting all aspects of ophthalmology
- Evidence of harm
- Changing demographics
 - Chronic disease management
- Reduced vision
 - Increase in falls
 - Increase in depression and anxiety
 - Earlier admission for care
 - Blindness considered equivalent to – debilitating stroke, diagnosis of terminal cancer
- No increase in ophthalmology trainees

Lord Hunt of King's Heath

'The last decade has seen fantastic advances in eye care. But, immense pressure is being put on already stretched services. We cannot allow an insensitive and perverse use of targets which totally ignore the practical realities of eye care. It's time for the Government to step in.'

Barriers

- Lack of joined up planning and commissioning
- Adequate IT and communications
 - Feedback
 - Access to audit of processes and outcome data
- Quality standards for all aspects of care
- Accurate costing of services
- Comprehensive funding for training and CPD for all members of the team



Solutions



Increased demands have been seen as a challenge to be met

- Breakdown of traditional care pathways
- New ways of delivering care
- Motivated and driven workforce
- Improving training and relationships – sharing
- Better communication and IT
- Recognition of different geographical needs



Solutions

WE CANNOT SOLVE OUR PROBLEMS
WITH THE SAME THINKING
WE USED WHEN WE
CREATED THEM
-Albert Einstein

