



**Solutions. What works well? – let's share!**  
**Primary care possibilities with pathways**

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# What was the problem we were trying to address?

- Historically had Wolverhampton Eye Hospital, closed in 2007 & transferred across to Acute Hospital Site
- Culture of patients presenting to hospital for eye related problems
- Growing demand for eye services, increase in elderly population & longer life expectancy all increasing pressure on an already overburdened acute service
- Current pathway - patients presenting at A&E with eye related problem are seen and triaged by A&E nurse.
- High percentage of patients referred onto acute referral unit for assessment by Ophthalmology Consultant
- CCG incurs two charges resulting in a pathway which is not cost effective



# What Outcomes did we want to achieve?

- Cost effective care
- Care Closer to Home
- Increased patient choice
- Reduction in unnecessary referrals to ophthalmology
- Reduction in A&E and Acute Referral attendances
- Release capacity in secondary care
- Greater utilisation of skills of primary care clinicians
- Timely access to care



# Development of Solution

- Reviewed evidence from other areas, Identified Primary Eye care Assessment Service (PEARs) as a solution to treat minor eye conditions
- Engaged with Local Optical Committee (LOC) Local Pharmacy Committee and RWT ophthalmology clinicians on proposed model and pathway
- Undertook engagement with public – feedback from questionnaires was overwhelming supportive
- Engaged with pharmacies around supply of medication
- Held Bidder engagement event – Shared draft service specification & proposed tariff
- Launched formal procurement as Any Qualified Provider Model (AQP)
- Contract won by LOC Company called Primary Eye care (Heart of West Midlands)



# PEARs Model

- Patients can self-refer or be referred by GP
- Conditions that can be treated by the service include:
  - Red eye or eyelids
  - Dry eye, gritty and uncomfortable eyes
  - Irritation and inflammation of the eye
  - Significant recent sticky discharge from the eye or watery eye
  - Recently occurring or sudden increase of flashes and floaters
  - Painful eye
  - In-growing eyelashes
  - Recent and sudden reduced vision
- Patients triage and offered appointment based on clinical need - urgent (24 hours) or routine (2 days)



# PEARs Model

- Pharmacies supply medication recommended by Optometrists following diagnosis
- Developed local pathways in partnership with opticians and acute clinicians to ensure patients that present to the PEARs service and require urgent review by an Ophthalmologist can be fast tracked into the acute referral unit and are reviewed and assessed in a timely manner.



# Implementation of PEARs

- Service went live on the 1<sup>st</sup> September 2014
- 28 practices across Wolverhampton delivering service, 50 practitioners
- Service seen over 4,000 patients since it was launched
- Supported by media campaign (advertising on buses, leaflets, posters, local press)



## PEARs Source of Referral

Px self referral	2974	71%
GP (after seeing GP)	543	13%
GP staff (not seen GP)	323	8%
Other optometrist	134	3%
Pharmacist	72	2%
Other	68	2%
Hospital eye clinic	28	1%
A&E	10	0%
GP out of hours service	6	0%
111 Service	5	0%



## PEARs Presenting Symptoms (Triage)

Symptoms (Triage)	Patients (%)
Sore eye	22%
Red eye	15%
Flashers and Floaters	14%
Painful eye	12%
Dry eye	11%
Other	11%
Lid problem	6%
Loss of vision	5%
Suspect FB	2%
Visual field defect	1%
Follow up	0%
Contact Lenses	0%



# PEARs Urgency

Type of Appointment	Patients	Patients (%)
Routine (2 days)	1925	47%
Urgent (24 hours)	2193	53%
Grand Total	<b>4118</b>	<b>100%</b>



# PEARs Outcomes

Outcome	Patients (%)
Discharge	60%
Follow up	16%
Routine referral to GP only	6%
Routine ref to Ophthalmology via GP	7%
Suspect Wet AMD Fast Track	1%
24 hour Referral to Ophthalmology	6%
72 hour Referral to Ophthalmology	5%

*Medication prescribed to overall 27% PEARS patients*



# PEARs Outcomes

- Reduced demand on GP practices
- Reduction in A&E attendances - 1,091 A&E attendances (1<sup>st</sup> September 2014 – 31<sup>st</sup> March 2016)
- Reduction in Ophthalmology Outpatient Attendances (difficult to quantify exact impact due to a number of schemes targeting Ophthalmology Outpatient Attendances)



# Patient Feedback

- Patient satisfaction very high – 1707 questionnaires completed
- 99.68% happy and confident with service provided
- Comments received from patients:
  - It's a very good idea to be able to access this kind of service at a local opticians, where we can get excellent personal service rather than going to A&E
  - Absolutely brilliant efficient service, everything explained really well
  - Good service as prevented having to go to the hospital
  - Was very pleased with appointment, I felt reassured that the problem can be handled with treatment at home
  - It was a lot better going to the opticians than the eye infirmary which could be a long wait two hours or more, great idea!
  - Very happy with the service, appointment was offered within an hour or so, convenient in the city centre, thank you



# Collaborative Working

- Primary Eye care (Heart of West Midlands) did an audit of the first 6 months of the service – won RWT (acute trust) inter professional working audit award
- Collaborative working with acute trust – optoms attending Cornea clinics and Acute Referral Unit to gain hands on experience and develop skills/learning
- Primary Eye care (Heart of West Midlands) secured funding from NHSE for Vitreo-Retinal collaborative working Project
  - Project focusing on improving referrals of patients with flashes & floaters who have a 10% chance of possible retinal detachment. This includes an audit of current referrals and the training by a consultant of a small group of optoms as leaders for the project.
  - They will then train all PEARS optoms with real patients over several sessions to better recognise potential retinal detachment patients. Project will conclude with an assessment session and later another audit of progress.

