Strategic approach to commissioning for eye health

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Challenges

• 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

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)
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?

Optical Confederation, The College of Optometrists, Royal College of General Practitioners, VISION2020 UK, Royal National Institute of Blind People, Association of Directors of Adult Social Services, Faculty of Public Health, Association of British Dispensing Opticians, Local Optical Committee Support Unit, Royal College of Ophthalmologists, Macular Society, British and Irish Orthoptic Society, International Glaucoma Association, Royal College of Nursing.
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.
Framework principles

Key principles
- Delivering better outcomes
- Maintaining quality and safe care
- Reducing variation
- Improving access and choice

Patient managed in the most appropriate service according to risk stratification of the condition and skills of the practitioner

1. Primary Eye Care
   - Glaucoma repeat measures
   - Minor Eye Conditions
   - Cataract pre- and post-op
   - Learning Disabilities (including referral management strategies)

2. Community Ophthalmology
   - Multi-disciplinary teams
   - Targeted case loads
   - Local and convenient for patients
   - Managing need
   - Integrated with other pathways

3. Hospital Eye Service
   - Eye emergencies
   - Cataract
   - Glaucoma
   - AMD
   - Diabetic/medical retina
   - External eye
   - Oculoplastics
   - Orthoptics
   - Low Vision (ECLO)

4. Low Vision Service
   - Accessible services for those who need them
   - Integration with other parts of the pathway
   - Dedicated funding of service model
Community Ophthalmology Framework

- 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.
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.
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

Portfolio of Indicators

4.12ii - Preventable sight loss - glaucoma - London region

4.12iv - Preventable sight loss - sight loss certifications - London region

4.12iv - Preventable sight loss - sight loss certifications

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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
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