

The ROYAL COLLEGE *of*
OPHTHALMOLOGISTS

The Way Forward

Executive Summary

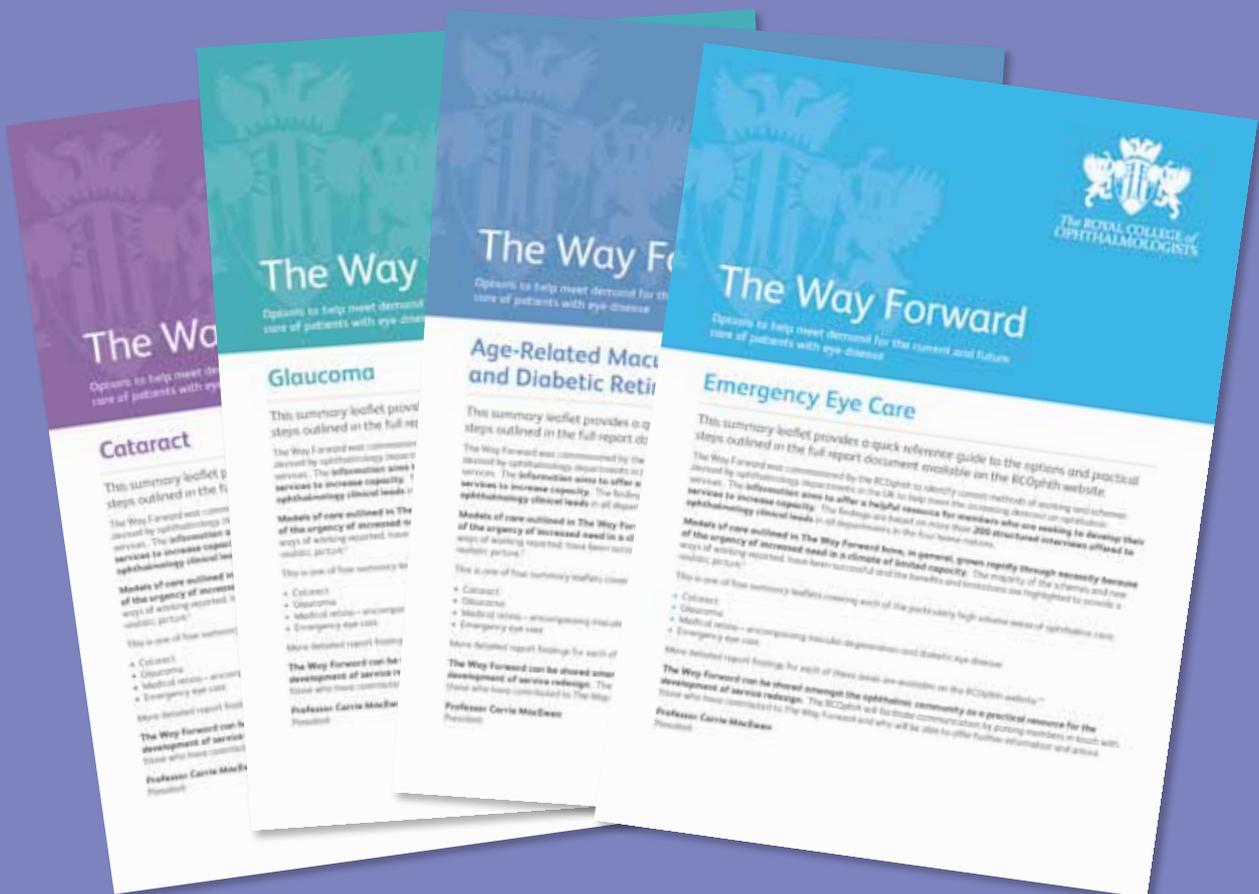


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Keeping in touch

The Way Forward is meant to be shared amongst the ophthalmic community as a practical resource for the development of service redesign. The RCOphth will facilitate communication by putting members in touch with colleagues who have contributed to The Way Forward and who will be able to offer further information and advice.

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Extensive and more detailed report findings for each of these areas in ophthalmic care are available at www.rcophth.ac.uk/standards-publications-research/the-way-forward/



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The Way Forward

Executive Summary

The increasing demand for hospital eye services (HES) is not being met and continues to grow - currently seeing nearly 10% of all outpatient appointments and performing 6% of the surgery in the UK.

The Way Forward was commissioned by the RCOphth to identify current methods of working and schemes devised by ophthalmology departments in the UK to help meet the increasing demand in ophthalmic services. The information aims to offer a helpful resource for members who are seeking to develop their services to meet capacity needs. The findings are based on more than 200 structured interviews with the ophthalmology clinical leads in all departments in the four home nations to identify the real life solutions being used to address the increasing demand.

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The research covers each of the particularly high volume areas in ophthalmic care:

- Cataract
- Glaucoma
- Medical retina – encompassing macular degeneration and diabetic eye disease
- Emergency eye care

Some eye departments may still be meeting demand with traditional models of service delivery, but increasingly, the challenge that the growing patient population presents may lead to decompensation of those services as capacity becomes insufficient.

The different ways of working employed by those interviewed can form part of the solution. Current and future demand indicates that more ophthalmologists are needed and this continues to be pursued as a priority to deliver safe, quality services. Further expansion of the consultant workforce however will not be resolved in a suitable time frame to solve the current demand challenges.

I hope you find The Way Forward a useful resource to share and collaborate with managers and commissioners. It also offers network opportunities to further liaise with colleagues and partners in the delivery of hospital eye services, so that clinicians can act as the architects of change for a service that is sustainable for the future.

Professor Carrie MacEwen
President

Maintaining Standards

The need for change cannot compromise standards and new pathways and protocols must always put the patient first. The options/models of care outlined in The Way Forward have grown rapidly through necessity and an urgent need to provide capacity to meet the increasing demand within hospital eye services. Whilst some schemes have proved successful, others have limited benefits and may not have not been audited, costed or ratified. **Where schemes do not comply fully with RCOphth standards, this has been highlighted.**

Most new ways of working involve changes in the organisation of service delivery, IT development and expansion of the ophthalmic team. When working with staff in expanded roles, the ophthalmologist's responsibility is clear. The GMC guidance states that doctors can delegate care or treatment, but only once *"...satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care."* (Good Medical Practice – GMP 2013). GMP also states that *"you will be accountable for your decisions to transfer care and the steps you have taken to make sure that patient safety is not compromised"* and *"when you delegate care you are still responsible for the overall management of the patient."*

The need for change cannot compromise standards and new pathways and protocols must always put the patient first

When considering developing any of the options/models of care, it is recommended that:

- They are fully costed for your region
- Clear and compliant local arrangements/protocols and pathways are formulated
- Appropriate training and education for any technicians and healthcare professionals involved is planned and delivered prior to commencement
- Audit, governance, quality assurance and outcome measurement frameworks are in place
- Communication channels are in place or developed where necessary, including fail safe mechanisms to avoid patients becoming 'lost'
- Information Technology, where an important component, is adequate
- The training of ophthalmologists remains a priority and should be enhanced, not threatened by changes
- The benefits and limitations of any option are evaluated with respect to the local environment
- Current national standards and/or guidance (eg NICE and SIGN) are consulted and followed to protect patients and personnel

Common Themes

From the research undertaken, the common themes that run through the new models of care encompass mechanisms to:

- **Improve referrals** so that fewer patients reach hospital who do not require to be there – reducing false positive, unnecessary referrals and retaining simple conditions in the community
- **Maximise use of consultant time and expertise** with the backing of an effective team made up of medical and non-medical eye healthcare professional (HCPs)
- **Identify optimum flow through hospital clinics, treatment rooms and operating theatres** to increase numbers of patients being treated, reduce numbers of review appointments and improve patient experience using:
 - Trained multidisciplinary teams
 - Integration of entire patient pathways
 - Modern IT systems – virtual clinics and improved communication
 - Risk stratification of clinics to permit HCPs to see low risk patients to protocol
- **Develop discharge policies** and shared care protocols
- **Enhance the ophthalmology multidisciplinary team and working practices** within the hospital and the community. These are dependent on:
 - Adequate recruitment and retention
 - Appropriate training and up-skilling

The changes outlined cannot be expected to meet the current and future increase in demand without **more funding** but they will help to provide a basis to demonstrate that need.

The development of a multidisciplinary eye healthcare team has emerged as a consistent theme in the report findings. Used well, this team can ensure that **consultant time is optimised**, freeing up more time to perform surgery, deal with the more complex patients and concentrate on decision-making commensurate with their extensive training and experience.

It can also provide opportunities to **improve training for ophthalmology specialty registrars** by providing more time to develop their skill set, while doing less routine tasks. Information gathered in The Way Forward also suggests that broadening the team can enhance patient experience and improve overall staff satisfaction and morale when used well. However, it is also clear that **recruiting, training and retaining** this new workforce has its challenges, but is a priority.

*Maximise use of
consultant time
and expertise*

Headlines from the research

Cataract

- Cataract surgery represents 6% of all surgery in the UK and there is an expected 25% growth in next 10 years
- Only 10% of departments reported running a 'traditional' cataract pathway – all others have updated and streamlined practice
- Referral guidance has improved 'conversion' rates for surgical intervention for those referred with cataract
- Only 21% of 42 departments reported full pre-assessment by non-medical staff – some of these clinics are very low volume, reducing their value and may not comply with College guidance
- High volume lists need adequate support but are cost effective
- Cataract follow ups are seen by non-ophthalmologists in 90% of cases and over a quarter of these are discharged directly to the community

Glaucoma

Glaucoma management is responsible for 20% of HES ophthalmology out-patient workload.

- Glaucoma Referral Filtering Schemes (GRFS) can be used to reduce false positive referrals
- 88% of glaucoma clinical leads interviewed have incorporated non ophthalmologists into expanded roles
- 50% of eye clinics have some form of shared care scheme, 79% of these being in-house
- Stratification of patient risk of sight loss from glaucoma is being used to organise review at virtual clinics, HCP specific clinics and consultant clinics
- Discharge policies for those referred with possible glaucoma (and found not to have it) or OHT should include clear instructions for re-referral

Emergency eye care

There has been a constant increase in acute eye care attendances that has been accompanied by more centralisation of units offering this service.

- ‘Walk-in’ or booked services each have advantages/ disadvantages
- Enhanced community acute services are the norm in Scotland and Wales; 42% departments in England and Wales reported such local schemes, but with variable success
- 65% of emergency departments reported HCPs delivering clinical care from triage to working as independent practitioners
- 61% reported some degree of dedicated consultant time being provided to emergency departments
- Effective routes for onward management or discharge are vital to provide best care for patients and an efficient service

Medical retina

Age-Related Macular Degeneration

AMD management consumes significant and increasing resources for the assessment and treatment of patients on a recurring basis.

- Dependence on imaging techniques to diagnose and develop treatment plans has changed the way the service is provided. 63% of the 27 AMD services interviewed indicated that they had some degree of ‘virtual service’ to reduce consultant workload
- Recurrent intra-vitreous injections of anti-VEGF are being performed by non-medical HCPs (mainly nurses) in 64% of departments interviewed
- The number of injections performed per session varied from <10 to 40 – this was hugely dependent on local circumstances, space and support
- One stop clinics were more common for review patients, but the advantages of these remain uncertain

Diabetic retinopathy

The population with diabetic retinopathy is projected to increase by between 20 and 80% in the next 20 years.

- It is estimated that approximately 50% of referrals from the diabetic retinopathy screening (DRS) programme are at low risk of vision loss
- Referral refinement using OCT virtual review is becoming increasingly common

The Way Forward was commissioned by The Royal College of Ophthalmologists and appreciation is extended to everyone who contributed to the development of this important initiative. This includes all members who took part in the interviews conducted by Mr John Buchan in undertaking research for The Way Forward.

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