



Implementing NHS guidance on reducing outpatient follow-ups: briefing

February 2022

In its [annual planning guidance for 2022/23](#), NHS England outlined one of its priorities as reducing outpatient follow-ups by at least 25% over the year.

This briefing aims to support ophthalmologists and other eye care professionals to understand what steps can realistically be taken to safely reduce hospital attendances.

As a specialty treating patients with long term conditions needing regular follow-ups, many of whom are delayed in long backlogs, it highlights the particular challenge that ophthalmology faces in reducing outpatient follow-ups by this level over such a short timeframe.

The briefing also emphasises the need for NHS trusts and commissioners to take these factors into account in implementing NHS England's guidance rather than a blanket one-size-fits-all approach. A fuller [summary of all the targets relevant to ophthalmology](#), including increases in elective activity and diagnostics, is available on the RCOphth website.

What is NHS England proposing?

Between April 2022 - March 2023, NHS systems in England are asked to:

- Reduce outpatient follow-ups by at least a quarter
- Move or discharge 5% of outpatient attendances to patient initiated follow-up (PIFU) pathways.

What steps can ophthalmology departments take?

There is already significant ongoing work to reduce in-person outpatient appointments, where it is safe to do so. This work will need to continue over the next year, which includes:

1. Delivering diagnostic services outside of the hospital, either through virtual clinics (where diagnostic information is collected outside of the hospital setting and then shared with the hospital eye service for review), which can be delivered as part of [community diagnostic centres](#) (CDCs) or in community settings such as optometry practices.

This will need to be underpinned by an increased focus by trusts on the recruitment of ophthalmic technicians and other healthcare professionals to support diagnostic data collection and analysis, more joined-up IT infrastructure, as well as ensuring ophthalmology is prioritised within the rollout of CDCs. In addition, agreement needs to be reached with commissioners to contract optometrists to ensure appropriate patients are discharged to their care with the governance structure, integrated care pathway and oversight in place to

enable safe, high quality care in the community.

2. Offering patient initiated follow-up (PIFU) appointments where clinically appropriate. Eye disease can be non-symptomatic until it is at an irreversible stage, so PIFU will not be appropriate in such circumstances unless it is for problems between regular appointments.

There are some resources on [PIFU in ophthalmology](#) available via the NHS Futures platform, including a Standard Operating Procedure for PIFU in ophthalmology that has been developed for London trusts.

3. More robust discharge guidelines and referral refinement criteria, working closely with primary care to enable patients to be treated in primary eye care where clinically appropriate.

Local triage guidelines need to be agreed between primary care optometrists and the hospital eye service, and joint risk stratification frameworks should underpin these guidelines.

Useful clinical guidance

- [Prioritisation of ophthalmic outpatient appointments](#) (2020)
- [Primary eye care, community ophthalmology and general ophthalmology](#) (2019)
- [Restarting medical retina services](#) (2020)
- [Restarting and redesigning of cataract pathways in response to COVID-19](#) (2020)
- [Standards for virtual clinics in glaucoma care](#) (2016)
- [New to follow-up ratios in ophthalmology outpatient services](#) (2011)

A comprehensive library of [RCOphth guidance and standards](#) is available on our website.

Is this a realistic target in ophthalmology?

Ophthalmology is the largest single outpatient specialty in the NHS, with almost [8 million appointments in 2019/20](#). During the pandemic, as services were suspended and patients were less willing to visit hospitals, outpatient attendances for ophthalmology fell by 31% - markedly higher than the 19% across all specialties.

Ophthalmology departments will continue to look for ways to improve patient care and reduce hospital attendance where possible, but we must be clear that our urgent priority is to reduce these



outpatient backlogs. This is likely to mean that the number of outpatient appointments, including follow-ups, will initially increase.

That is because ophthalmology is particularly dependent on follow-up appointments as the best way to manage chronic potentially blinding eye diseases, such as glaucoma and age-related macular degeneration (AMD). This is evident in the fact that ophthalmology has a ratio of 3.3 follow-up attendances for each first attendance. This is notably higher than the 2.3 rate across all specialties, and significantly higher than most other large outpatient specialties. This is appropriate as regular assessment and treatment is needed to prevent permanent sight loss.

The ability to treat eye conditions outside of the hospital setting is also currently limited by a lack of capacity in primary eye care and the community, barriers to commissioning optometrists for wider care roles and poor IT inter-operability.

How should NHS trusts approach implementation?

RCOphth believes that NHS trusts should look to approach the target to cut outpatient follow-ups with flexibility, recognising the specific circumstances affecting ophthalmology in their area.

This type of pragmatic approach fits with the direction given by NHS England in their planning guidance that ‘the opportunity to reduce outpatient follow-ups will differ by trust and specialty and local planning should inform how the ambition will be delivered across the system’.

We also recommend that trusts engage at an early stage with commissioners and local optometrists to coordinate an integrated approach so that efforts to reduce outpatient follow-ups can be planned properly. The [joint vision for eye care services](#) published by RCOphth and the College of Optometrists provides guidance on how ophthalmology and optometry can work more effectively together, and better pathways can be developed.

Trusts can also take steps to expand the capacity of the multidisciplinary team to deliver eye care, reducing pressure on hospital eye services. Working with RCOphth, NHS England, and Health Education England, trusts can support the expansion of the [Ophthalmic Practitioner Training \(OPT\) Programme](#), enabling nurses, optometrists and orthoptists to develop their ophthalmic skills further. As outlined above, by recruiting more ophthalmic technicians for diagnostic data collection, trusts can also enable more eye services to be delivered in CDCs and other settings rather than hospitals.

There are also a range of resources available on the [Eye Care Hub](#) via the NHS Futures platform that will provide information on best practice and innovation in this area.

Contact us

If you have any questions or comments on this briefing, or would like to share what is happening in your organisation, please contact policy@rcophth.ac.uk