COMMISSIONING OF A CONSULTANT LED COMMUNITY OPHTHALMOLOGY SERVICE

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Papers with report	None

REASON FOR ITEM

Information item to inform the Committee of the proposed Consultant Led Community Ophthalmology Service to be commissioned by NHS Hillingdon and the Hillingdon Clinical Commissioning Group (HCCG).

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note and ask questions about the proposals and the presentation.

INFORMATION

Hillingdon Demographics - background

NHS Hillingdon is responsible for the health of approximately 275,000 people living in Ruislip and Northwood, Uxbridge and West Drayton and Hayes and Harlington localities. Within Hillingdon there are:

- 50 GP Practices
- 65 Community Pharmacies
- 37 Optical Providers (practices)
- The total GP registered population in Hillingdon is approximately 275,000.

The population of children (0-15) and the elderly population (Age 65+) are expected to increase in the next 5 years. Compared to national statistics, Hillingdon is 3% younger than the England population and has 17% higher levels of ethnicity – overall. Both age and ethnicity have an impact on expected prevalence of glaucoma, but ethnicity is limited as a risk factor for glaucoma to an increase risk for black African populations only, not all ethnic groups. Black African population within Hillingdon is 2.82% as compared to national population of 1.52% - overall. However, when split further the differential is more significant in the working age population as the black African population for this group (16 – 64) is higher (3% population rate compared to a national rate of 1.8%). In conclusion, this means that whilst there is not additional expected prevalence for the current 65+ age group cohort (0.5% Hillingdon compared to 0.3% national), this will impact in the next few years as the current working age group cohort get older.

At year end 2010/11, Practice Based Commissioning (PbC) accounts indicated a marked trend of over-performance of Ophthalmology first outpatients (per 1000 population), for most practices in the North Locality, approx half the practices in Uxbridge and West Drayton, and approximately a quarter of practices in Hayes. This mirrors the older population mix in each of the localities. In addition to the increase in activity, Ophthalmology is listed within the QIPP (Quality, Innovation, Productivity and Prevention) plan as an area which requires service redesign due to the financial implications. Geographically, activity for Ophthalmology outpatients per 1000 population is similar for North Hillingdon and Hayes and Harlington, slightly less for Uxbridge and West Drayton.

Hillingdon Diabetic Retinopathy Screening Service (DRSS)

All newly diagnosed diabetic Hillingdon patients are offered diabetic retinopathy eye screening within 3 months of notification from the GP. Depending on the outcome of their results, they could be invited for a 12 month recall (according to NSC guidelines) or referred to an Ophthalmologist for further assessment. There are 3 screening locations for Hillingdon patients; these are the HESA centre in Hayes, Northwood Health Centre and Uxbridge Health Centre. Eligible patients are automatically re-invited every year for routine screening. The service is currently provided by NHS Hillingdon in collaboration with The Hillingdon Hospital NHS Foundation Trust and Medical Imaging UK Ltd.

The Hillingdon DRSS is not within the scope of this paper.

Ophthalmology provision in Hillingdon

Currently services are provided in a range of locations across primary, community and secondary care. 37 ophthalmology practices provide general optical services, and there are currently no enhanced practitioners contributing to the community service. Secondary care services are provided mainly by Hillingdon Hospital (70% Adult activity and 95% Paediatric activity) but also at other Acute Trusts such as Imperial (Western Eye), Moorfields (operating from their own sites plus Northwick Park and Ealing Hospital sites), West Hertfordshire Hospitals NHS Trust, etc.

Ophthalmology Services

Ophthalmology services may involve professional multidisciplinary teams including ophthalmologists, GPs, ophthalmic medical practitioners, ophthalmic nurses, hospital optometrists, community optometrists, dispensing opticians, orthoptists, school nurses, health visitors, social services and voluntary sector professionals.

Options for community provision in Hillingdon

At the July Clinical Commissioning Group Board meeting, detailed options including historic activity and financial data, together with an options appraisal considering financial implications of the options were presented. The following is a summary of the issues:

1. Glaucoma Referral Refinement Scheme (GRRS)

To take into account changes in NICE Clinical Guideline 85 (Diagnosis and management of chronic open angle glaucoma and ocular hypertension) which created a referral threshold for this condition. There has been an increase in referrals as a result, and such referrals could be further refined by optoms (or similar) prior to secondary care referral.

Issues:

- The current set of optometrists would need to be assessed and accredited to ensure that they have the knowledge and skills needed to provide this service.
- Effective implementation of GRRS may involve the development of a new specification to be applied to existing providers. This will require the co-operation of current local secondary care service providers – where relationships are not particularly good.
- There will be a requirement for performance monitoring of such Local Enhanced Services (LES) provision, and it is questionable as to PCT resource availability to undertake this.
- Investment in further training, development and equipment may be needed to ensure that a high quality of care is provided.
- Refresher training must be provided for those eye care professionals requesting it.
- The optimum pathway as recommended in Local Optometric Committee (LOC) guidance is for ALL optoms within a health economy to undertake such LES services. However ,the Hillingdon scheme anticipates using only 3 already identified optom practices, one

each in Ruislip, Hillingdon (near Hillingdon Health Centre) and Hayes (near HESA Centre).

- The expected savings of such a scheme in the first instance is minimal, and possibly would not cover the cost of the commissioning resource required to monitor such contracts, nor the cost of initial equipment and training.
- Such a scheme would require the cooperation of all optometrists in Hillingdon, whether or not they are taking part in the scheme.
- LOC guidance document suggests that the success of such a scheme is dependent upon all optometrist providers in the locality take part in the scheme, the Hillingdon scheme is recommending only one optometry provider in each locality.

2) A community based contract for Ophthalmology Services

This will provide a consultant led community service catering for the management of adult and paediatric ophthalmology in a primary care setting, within a block tariff. As such the provider would be required to manage demand and ensure patients are treated within the overall costs with no activity or coding creep. Such services will be held in each of the three localities, in locations to be agreed by the commissioner, suitable in terms of patient access and geography. Cataracts, glaucoma, blepharitis, watery eye, flashers and floaters can all be triaged/treated by the consultant ophthalmologist and their team in the community clinic. Patients requiring surgery or further treatment will then to be referred at the appropriate secondary care provider. Any re-tests ordered under GRRS would be included within this scheme in addition to more specialised glaucoma services.

It is anticipated that approximately 25% activity would be diverted from secondary care into the Community Service.

The three PCTs within the Outer North West London sub cluster are currently undertaking a formal open tendering exercise for such a service. The procurement timescales for such a service are for the service to open in March 2012.

Advantages:

- Increase the quality of referrals ensuring that patients are referred into secondary care only when necessary, whilst benefiting from specialist input for minor eye conditions.
- Bringing such clinics into the community enabling secondary care providers to concentrate on patients with complex needs or co-morbidities.
- Reducing patient requirement to attend Hospital for more minor issues, offering better quality in terms of time taken to attend appointment, options of appointment times, speed of access and travel requirements.
- Ability to manage one contract rather than needing to manage several smaller contracts – leading to more efficient use of commissioning resource.
- Significant levels of cost savings, in addition to the quality issues already stated.

Issues:

- There will be a requirement to provide robust and clinically sound service specification which encompasses internal audit to ensure that the service complies with the relevant clinical governance requirements.
- This will require significant commissioning input both for start up of the contract and ongoing during the life of the contract.

Conclusion

The HCCG Board was asked to consider the options under discussion within the briefing paper with a view to moving rapidly towards service redesign. Given the financial and operational inefficiencies of an optometrist provided (fragmented) service, it was decided to undergo tendering for a Consultant Led Community Ophthalmology Service.

The tender process is now underway, a patient and GP consultation has been undertaken. It is anticipated that the service will start in March 2012. A detailed draft service specification will be submitted to the Hillingdon Clinical Executive Committee for overarching clinical governance considerations, and will be considered by the HCCG Board in October ready for service mobilisation.

SUGGESTED COMMITTEE ACTIVITY

1. Members note the report and presentation.

2. Members to ask questions of the witnesses and seek clarification, as appropriate.

BACKGROUND DOCUMENTS

None.