

Report Title:	Standardisation of Adult & Paediatric Ophthalmology services across North West London – update for JHOSC
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Background

In 2022 North West London ICB reviewed community ophthalmology services across the sector. This review identified significant variations in the availability of services across the sector. Additionally, analysis of public health data demonstrated variation in rates of blindness across the sector, with several boroughs showing significant variations, potentially reflecting issues with access to eye care.

This paper summarises the proposed changes, co-designed by the ICB, GPs, Hospital Consultants, Optometrists and engagement with our NWL residents and voluntary sector specialists.

The model outlined reflects national good practice, as defined by the National Eye Care Transformation Programme.

What are the key issues with the current service?

Variation in provision across boroughs

The existing service offering across NW London is fragmented, with some boroughs having no provision of community ophthalmology services:

Boroughs with current provision	Boroughs without current provision
Brent – through Circle Health	Hammersmith & Fulham
Harrow – through Harrow Health CIC	West London
Ealing – through Operose*	
Hounslow – through Operose*	
Westminster – partial service	
Hillingdon – partial service	

*Operose advised in early 2023 that they would be withdrawing from the market from 30 June 2023

Within the commissioned services, there are significant variations in service offerings, with some boroughs (Ealing and Hounslow) offering a Paediatric Community Ophthalmology service not offered in other boroughs.

The services in Hillingdon and Westminster are smaller than those commissioned in other boroughs, offering only a part of the community service available in boroughs such as Brent.

This variation in service offerings adds complexity to the referral process and demonstrates an inequity of access for patients.

Service delivery and access

For the boroughs which have a commissioned community ophthalmology service, these are generally delivered by consultants in the community, following a referral from a General Practitioner. Clinics are delivered through a relatively small number of sites within each commissioned borough, with sites typically being a health centre or similar.

Referrals for common eye conditions (e.g. cataract and glaucoma)

An optometrist can identify common eye conditions during a routine eye examination, such as the standard NHS eye test (or private equivalent for residents who are not eligible for NHS tests).

Optometrists cannot refer directly to NHS hospital eye services in all boroughs. Where a referral is required, the optometrist contacts the patient's GP and requests that they make the referral. The GP will not generally make a further clinical assessment of the patient; therefore, this is primarily an administrative activity.

More recently, NHS-funded Independent Sector providers have started to allow direct referrals from optometrists for cataracts. This has significantly changed referral patterns with NWL (and nationally) by increasing the number of patients referred to private sector providers.

Optometrist decision-making criteria

Cataract

There is wide variation across NW London providers around the number of patients listed for cataract surgery following their first outpatient appointment, with the sector falling short of the national GIRFT target of 85%.

Lower conversion rates mean that patients may see a surgeon when they are either unsuitable for surgery or do not wish to have surgery at that time. Treatment options are not routinely discussed prior to referral.

Glaucoma

Patients are referred to the glaucoma pathway following a pressure test undertaken during a standard eye examination. Using a different device, the hospital will run a second pressure check on the patient's eyes. In approximately 30% of referrals, the hospital check does not reveal increased pressures, so the patient is discharged.

Optometrists are not required to undertake a second pressure check using alternative equipment. If this were to be done, a significant number of referrals could be avoided, releasing capacity in the glaucoma service for patients who require support

Minor Eye Condition Care

Many areas of the country have implemented Minor Eye Condition services, delivered by high street opticians, to provide an alternative route to accessing care for low acuity eye conditions, including dry eye.

Minor Eye Condition services are unavailable at scale across NW; consequently, patients are accessing care for low acuity conditions through their GP or other urgent care services.

Benefits of a new model of care for NWL

The developed model of care for NWL is to provide a standard community service across the sector, led by optometrists and delivered through high street optical practices to increase accessibility and visibility of the service.

The Community service will deliver the following services for adult patients:

- Cataract: shared decision-making and direct referrals
- Glaucoma: referral refinement through second pressure checks
- Community Eye Care services: support for the diagnosis and treatment of minor eye conditions through optical practices

Standardisation: a standard service model for NWL

Under the new model of care there will be a single standard in place across all NW London boroughs.

The proposed NW London model will see the contracted services delivered through high street optometrists, making better use of this expert workforce and increasing access for our residents.

The service model reflects the model for community ophthalmology recommended by the NHS National Eye Care Transformation Programme and the model of care in other parts of the city.

Consequence: Paediatric Community Ophthalmology

Existing services in Ealing and Hounslow offer community-delivered ophthalmology services for paediatric patients.

The new model of care has been initially designed for adult patients only, paediatric care will be delivered through the hospital-based service.

During the second half of 2023 a review of the paediatric ophthalmology service is proposed, bringing together a range of stakeholders, including clinicians, social care, education and patient/carer representatives.

Consequence: Stable patients with an existing glaucoma diagnosis

Some current community services provide consultant care for patients with an existing glaucoma diagnosis. The transition to an Optometrist led service means we have to change how this care is delivered.

Patients currently being managed in the community will be transferred to an alternative community provider, who will continue providing community-based consultant care.

New patients will remain under the care of the hospital eye service. The development of Community Eye Care Diagnostic Hubs will provide an alternative care route for these patients, and it is also expected that there will be further development in the optometrist community to support optometrist management of stable glaucoma.

Service delivery and access

Under the new model of care, residents will access community ophthalmology services through high-street optical practices. Having a solid high-street presence will support increased accessibility of services, with the expectation that the majority of optical practices in NWL will offer these services. Residents noted that the relationship between patient and optometrist is often long term and that they are significantly easier to see than a GP.

The variation in blindness rates across our communities raises concerns that some communities are not accessing eye care. Engagement with local residents has highlighted

that there are potential areas of misunderstanding about access to eye-care in NWL which will require a focussed approach to ongoing communications and engagement.

Optometrists will have support from Consultant Ophthalmologists within the Hospital Eye Service, accessed through education and the provision of remote advice and guidance. This will support the ongoing development of optometrists and, in the medium term, support further service improvement.

Referrals for common eye conditions and decision making

Direct referral from optometrist to the hospital

Optometrists will make direct referrals to the hospital, without requiring the GP to act as an administrator but ensuring that the GP is aware that a referral is being made.

Feedback from the hospital eye service will go to the GP and to the optometrist, supporting continued learning. Sometimes, this feedback may avoid a hospital appointment where a condition can be managed in the community.

NWL will partner with North Central London ICB to implement electronic referrals using email and the national Electronic Referral Service. Working across ICSs will support simplification of the referral model for optometrists.

Direct referrals will place NHS-provided hospital care (in particular for cataracts) on a level field with Independent Sector providers.

Cataract Shared Decision Making

When a routine eye examination identifies a cataract, optometrists will follow a shared decision-making protocol with their patients. This approach will help patients become more aware of their condition and available treatment options.

Shared decision-making will help ensure patients referred to the hospital service understand their treatment options and actively consider a surgical intervention if they are clinically suitable.

Glaucoma Second Checks

The new model of care will introduce a follow-up pressure check before a patient is referred to the hospital for a glaucoma diagnosis. The second pressure check will involve different equipment and may require patients to attend an appointment at another practice.

Adding a second pressure check in the community will improve the quality of referrals made into the hospital and will avoid many referrals.

Community Eye Care Service: minor conditions

The new service will establish a network of optical practices who can provide NHS funded care for minor eye conditions such as red eye, conjunctivitis, dry eye etc.

For our residents this provides an alternative route to care, in particular to provide an alternative to attending urgent and emergency care services.

Single Point of Access

The new model of care will establish a clinically led single point of access for referrals. The SPoA will build upon best practices (including from colleagues in NCL) and will support the provision of advice and feedback, directing patients to the most appropriate service (which may include the optometrist or GP following advice provided by a Consultant to avoid a hospital appointment).

Engagement

A public engagement programme has been undertaken across NWL, including:

- Online engagement webinars
- Face-to-face engagement events in each borough – dedicated and combined with existing events
- Face-to-face engagement at key stakeholder meetings
- Patient surveys – online and face to face through all contacts

To support hearing from a range of ophthalmology service users, including users of primary eye care optician services, a broad approach to engagement was taken. The patient survey was accessible to all NW London residents and was actively promoted through NHS, Local Authority and VCS channels, across all 8 boroughs. The survey was available in digital and traditional formats, with accessible versions available online (increased contrast, adjustable font size and screenreader compatible) and an easy-read version of the paper survey. The survey was available and actively promoted through all regular outreach events during the period, to support reaching more of the population.

The NW London Next Door channel was used to promote the survey, reaching nearly 98,000 residents and with the survey being opened by 5199 residents. This was one of the top five posts on this channel in May.

Online engagement workshops were run at various times of the day (8am, 12.30pm and 6.30pm) to support online engagement with residents who have work or other caring commitments. Each Borough also hosted a face to face meeting, and additional meetings were supported with local community organisations or local Councillors, for example Action on Disability in North Kensington.

Ongoing Engagement

Procurement

Patient representatives have been recruited to support the procurement programme.

Ongoing Service Evaluation and Engagement

There will be a continuous process of engagement as the new service is implemented. Patient and resident feedback will be actively sought through a range of routes, to ensure that the new service and ongoing ophthalmology communications are working effectively and engaging with all parts of our communities.

Procurement Timeline



Next Steps

Service Development and Future Technologies

There will be further developments of the community service, building upon the skills (and equipment) available within our high street optical practices. These developments are likely to include:

- Monitoring of stable glaucoma in the community
- Independent prescribing within optical practices

Paediatric Services

An ongoing review and re-design of paediatric ophthalmology services shall be initiated during this year. The purpose of this review will be to ensure that we have consistent pathways across all 8 boroughs and to determine whether there are alternative models of delivering the service which may improve access and engagement for children and their carers. A co-design approach will be taken engaging with all key stakeholders, including carers, health colleagues and local authority colleagues.

Appendix A: Summary Analysis of Ophthalmology Engagement Survey

Ophthalmology Engagement Analysis



Ophthalmology
engagement analysis