

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Health and Wellbeing Select Committee	
MEETING/ DECISION DATE:	26 September 2018	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Development of Community Ophthalmology Services	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

1 THE ISSUE

- 1.1 The paper describes the pressure on the ophthalmology service at the Royal United Hospitals Bath Foundation Trust as a result of increasing demand and a national shortage of consultant ophthalmologists. This has resulted in long waiting times to be seen and potential patient risk, for eye care pathways in B&NES.
- 1.2 The paper goes on to describe the actions the Clinical Commissioning Group and Royal United Hospitals are taking to improve quality and safety, and provide a more effective and efficient service through the procurement of new community based pathways.

2 RECOMMENDATION

- 2.1 The Committee is asked to note the actions that are being taken to improve ophthalmology services locally.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 Not applicable

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 Not applicable

5 THE REPORT

5.1 Background

- (1) It is recognised, both nationally and locally, that there is a need to tackle growing demand in ophthalmology, due in part to the ageing population. Ophthalmology patients with chronic eye conditions require long-term regular review and can suffer severe and permanent loss of vision if they do not receive reliable follow up.
- (2) The NHS England Elective Care Transformation Programme has outlined key actions for Acute Trusts and CCGs, and is drafting a national specification, to ensure ophthalmology services are delivered safely in light of this increased demand. Actions identified for Trusts include the development and implementation of failsafe prioritisation processes and policies to reduce the risk of harm to ophthalmology patients and a clinical risk and prioritisation audit of existing patients.
- (3) CCGs are expected to undertake eye health capacity reviews, take action to improve equity of access and identify the most appropriate local model for delivery ophthalmology across primary care, community and secondary ophthalmology services, to optimise skills and capacity within the system. As part of this they are required to ensure that ophthalmology pathways and referral processes are standardised and understood locally, with patients directed to the right person in the right place first time. The national Transformation Programme is likely to require changes within this financial year.
- (4) BaNES CCG total Ophthalmology spend across all secondary care providers in 2017/18 was £4.5 million. The main provider to the population of B&NES for planned (elective) and urgent (non-elective) Ophthalmology activity is the Royal United Hospitals NHS Foundation Trust (RUH), managing approximately 78% of total BaNES activity. However, the Trust has been experiencing increasing difficulties in managing decreasing capacity and rising demand.
- (5) There is a national shortage of Ophthalmologists at Consultant and junior level. Local difficulties in recruiting ophthalmologists at Consultant and junior level alongside a reduction in trainee places and issues with overseas recruitment have contributed to a reduction in capacity leading to increasing waiting times. The RUH is currently supplementing substantive staff with locums but there have been gaps between those leaving and locums arriving.
- (6) The Royal College of Ophthalmologists (RCO) has predicted that referrals are expected to increase by 35% over the next 5 years with demand for cataract surgery expected to increase by 50% over the next 20 years across the BaNES, Wiltshire and Somerset population. This is driven by an aging population, the efficacy of new treatments and new guidance requiring patients on certain medications to be monitored for ophthalmic side-effects.
- (7) The RUH Ophthalmology service has not achieved the 92% Referral to Treatment (RTT) target of 18 weeks since July 2017, although the service had achieved the target in previous years. This has resulted in current waiting times of 36 weeks for a General Ophthalmology appointment. The number of follow up appointments that have been delayed has also increased within this period.
- (8) Commissioners across England, including Wiltshire and Somerset CCGs, have invested in the development of community based eye services as there is a range of

elective and non-elective activity which can be safely and more cost effectively managed in the community by appropriately accredited Optometrists.

- (9) BaNES CCG already has Referral Refinement schemes to ensure that only appropriate patients are referred for conditions including Cataracts and Glaucoma and Cataract Follow Up in the community. However, we know that these services are currently under-utilised for a variety of reasons.

5.2 Actions being taken

- (1) BaNES CCG is in the process of commissioning a Community Eye Service which will particularly benefit a range of patients described below. Clinically, the model includes pathways for Minor Eye Conditions, Intraocular Pressure (IOP) Referral Refinement, Ocular Hypertension (OHT) & Stable/Suspect Glaucoma monitoring Cataract Referral Refinement and Cataract follow up.
- (2) The number and location of sites patients can visit for this service is to be determined through the procurement process, but a key aim of the service is to facilitate faster and closer access for patients. Most optometrists based in the community (e.g. in optician shops where sight tests are normally undertaken) have the skills and experience to be able to provide these services.
- (3) The new service will directly benefit three groups of patients:
- (4) Firstly, patients who have recently identified that they have an eye condition, such as a scratch, foreign body, lumps and bumps in the eye, blurred vision, watery eyes, flashes and floaters. These patients will be able to visit an optometrist in the community to be seen within 2 working days, usually on the same day. For the majority of patients, these eye conditions will be resolved in the community but referral routes will be in place for patients to be sent to the RUH for further urgent treatment if required.
- (5) Secondly, patients with suspected cataracts or glaucoma will receive a second and more detailed assessment and discussion in the community in order to ensure the right patients are referred to secondary care. There are benefits to the health system of ensuring only patients that need and want further treatment are referred, but also to patients who will be able to speak to someone more rapidly (within 4 weeks) about their potential condition and their options.
- (6) Thirdly, patients who have received a procedure in secondary care (e.g. cataract removal) or who have a condition that the consultant ophthalmologist considers is stable (e.g. stable glaucoma) will be able to see a local optometrist for their follow up appointment instead of returning to their secondary care provider. This will be more convenient and is more likely to meet the appropriate follow up timescales, e.g. annual follow up for glaucoma. Should the patient's condition change, the local optometrist will be able to follow the management plan provided by the consultant, which may include referral back to them.
- (7) In addition, by ensuring that patients are treated in the right place to meet their needs as described above, those patients who do need to see a consultant in secondary care (e.g. macular degeneration, suspected glaucoma) are more likely to be able to access this in a timely manner. Effectively, the new service will increase the local capacity to treat ophthalmic conditions and ensure that patients can access the right service for them more quickly.

- (8) The CCG is currently receiving bids from potential providers and intends to award the contract at the end of October with the aim of a new service commencing in December, although it is likely that a phased approach will need to be taken to implementation.
- (9) The RUH is also taking actions to improve ophthalmology waiting times. They have recruited more consultant locum cover and registrars, who will commence early Autumn and are reviewing their waiting lists. BaNES CCG is further supporting the RUH by reoffering choice to patients who previously selected the RUH for their appointment and may now wish to choose another provider to facilitate being seen more quickly.

6 RATIONALE

- 6.1 The CCG Board agreed the proposal to commence procurement of a Community Eye Service in July 2018 in order to improve services for patients and develop greater eye service capacity now and in the future.

7 OTHER OPTIONS CONSIDERED

- 7.1 None

8 CONSULTATION

- 8.1 The CCG's Engagement Manager and Senior Commissioner have met and spoken with a number of patients and patient groups, including Community Champions, Royal National Institute for the Blind, Vision Plus, Bath Ethnic Minority Senior Citizens Association (BEMSCA) and run online surveys to elicit patient views on current ophthalmology services and the proposed community model.

9 RISK MANAGEMENT

- 9.1 A risk assessment has been undertaken by the CCG.

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Background papers	<i>Not applicable</i>
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