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# Eyecare Pathway Transformation

**Louisa Wickham**

National Clinical Director for Eyecare

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# Introduction

The background features a large, faint, stylized eye graphic in the upper center and a circular arrow icon in the lower right corner, both rendered in a lighter shade of blue against the darker blue background.

# National Clinical Director for Eyecare

Eyecare services are facing significant challenges meeting patient demand, which have been exacerbated by the COVID-19 pandemic.

NHS England has recognised this by the appointment of a National Clinical Director for Eyecare and initiating the development of a national Eyecare Transformation programme

The introduction of this dedicated role and representation of eyecare at this level demonstrates a considerable step forward and brings with it the opportunity to influence and shape the future of services.

There is an urgent need to develop more innovative and efficient ways to deliver services that release capacity for hardworking teams to ensure patients receive the right care in the right place and at the right time.

Improvements will significantly and positively impact the elective care backlog and, for our patients, will help reduce irreversible sight loss or deterioration with the associated mental and physical health impacts.

# The national role

The national role should focus on:

- Enabling transformation at a local level
- Removing blockers
- Improving efficiency in the delivery of change



**Fostering collaboration across the system.**



**Reducing duplication of effort across the country e.g. conversations with suppliers who provide services across most of the country and putting in place contracts that ICSs can opt to draw down from.**



**Developing national policy, guidance, standards, pathways and contractual frameworks.**



**Addressing national workforce issues (recruitment, retention and skills development).**

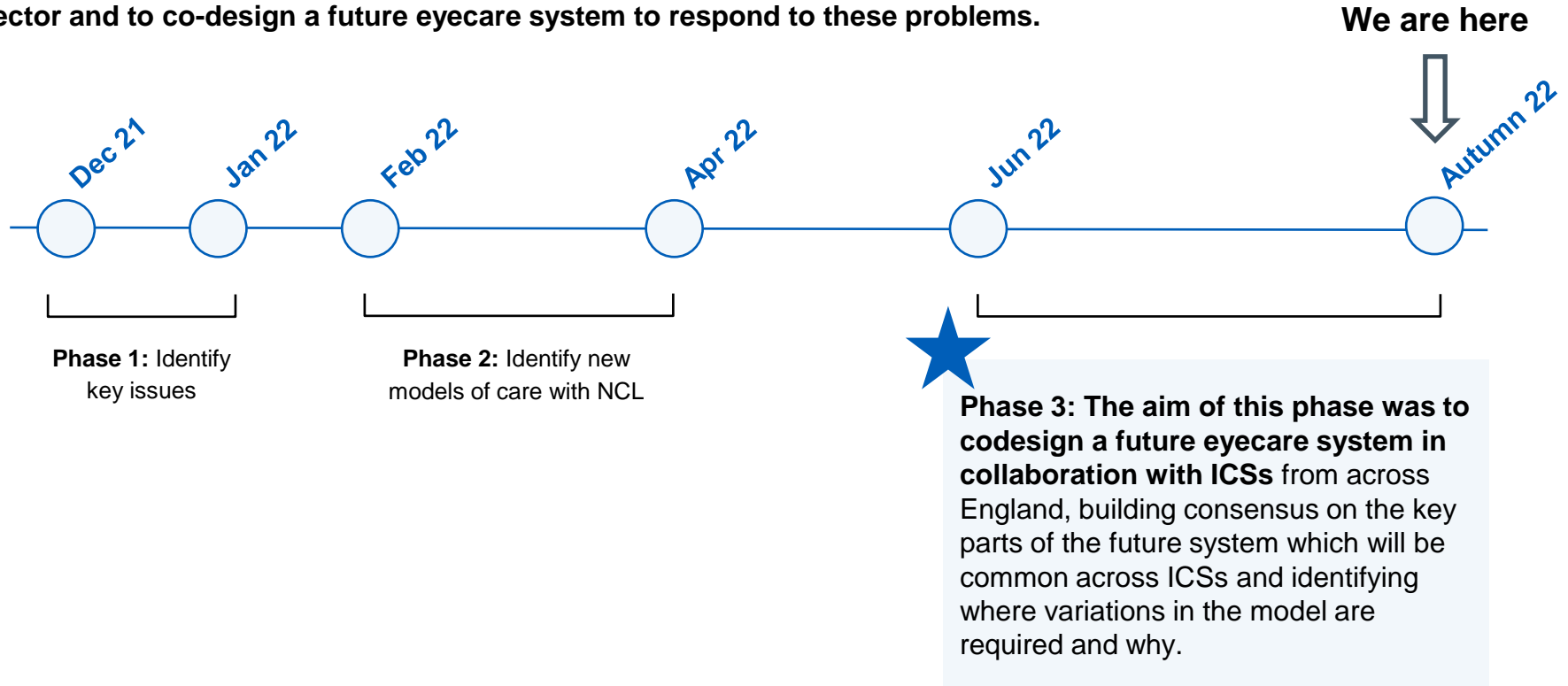


**Developing digital products that can be developed once and deployed multiple times e.g. APIs to facilitate sharing of information.**



**Funding and commissioning structures**

Since December 2021, the Eyecare Transformation programme has been working with eyecare professionals across England to understand the key problems in the eyecare sector and to co-design a future eyecare system to respond to these problems.

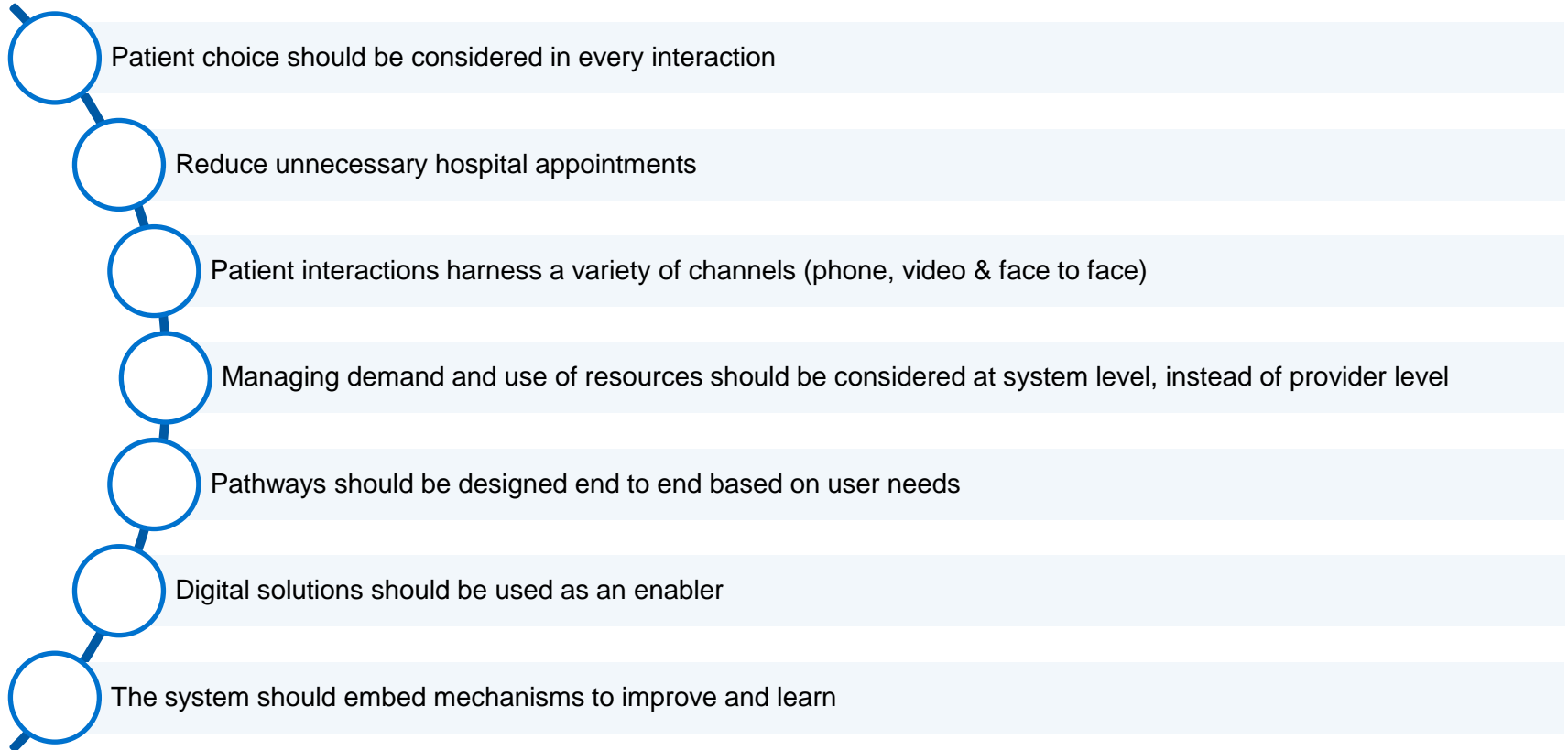


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# Agenda

1. The vision and development of the conceptual eyecare model
2. The model with focus on telemedicine and equitable patient access
3. Next steps for transformation – testing the model
4. Questions

# Design principles



# A shared vision for eyecare services

Through this project we have created a **shared vision** for the future of eyecare.

## **The vision is:**

A system that is responsive to changing population needs and enables the best patient care, by using resources effectively to support healthcare professionals to deliver care in the safest and most appropriate care setting.

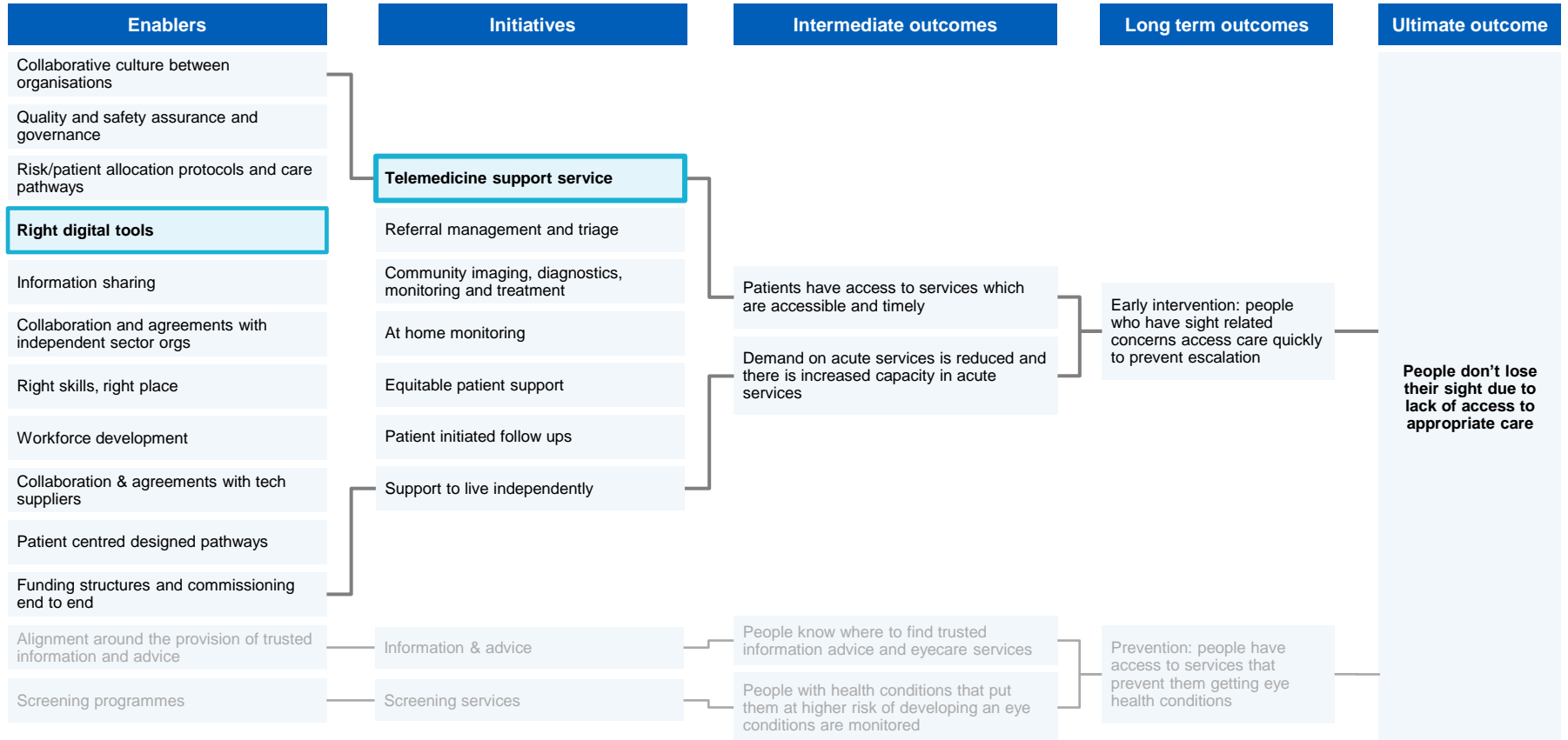
**So that the following ultimate outcome is achieved:**

**People don't lose their sight due to lack of access to appropriate care**





# Theory of change



# The initiatives

Through engagement with ICSs there is consensus around 7 initiatives in the future eyecare system. There are variations in how each of the initiatives can be delivered to reflect an ICS's local context.

## Telemedicine support service

The telemedicine support service is shared across an area to provide remote support to advise eyecare professionals with consulting, testing, reviewing, diagnosing and referring. **It is a key initiative to ensuring the other initiatives can be implemented.**

## Referral management and triage

This initiative describes the new process of creating, refining and triaging and onward directing a referral in order to manage demand and capacity across the system. It aims to ensure patients receive the right care in the right place.

## Primary care community imaging, diagnostics, monitoring and treatment

For this initiative patients, would be seen in a community setting, supported by the telemedicine support service, to balance the number of high volume, low complexity, patients being seen in hospital settings.

## At home monitoring

Patients can monitor their condition from home using technology such as smartphone apps, providing data which would be monitored and reviewed by healthcare professionals and potentially AI.

## Equitable patient support

This initiative is about embedding support for all patients and carers whose lives are affected by an eye health diagnosis or visual impairment, providing support across the whole pathway with a strong emphasis on ensuring equity of access to care.

## Patient initiated follow-ups (PIFU)

When a patient or carer can initiate follow-up appointments when they need one, giving patients control over their follow-up care. By allowing them to initiate follow-ups, patients can be seen quickly when they need to be, such as when their symptoms or circumstances change.

## Support to live independently

Under the Care Act, local authorities are responsible for providing services to support people to live independently. This includes rehabilitation services, adaptations, and packaged of care for support with daily living tasks.

# Visualising the relationship between initiatives

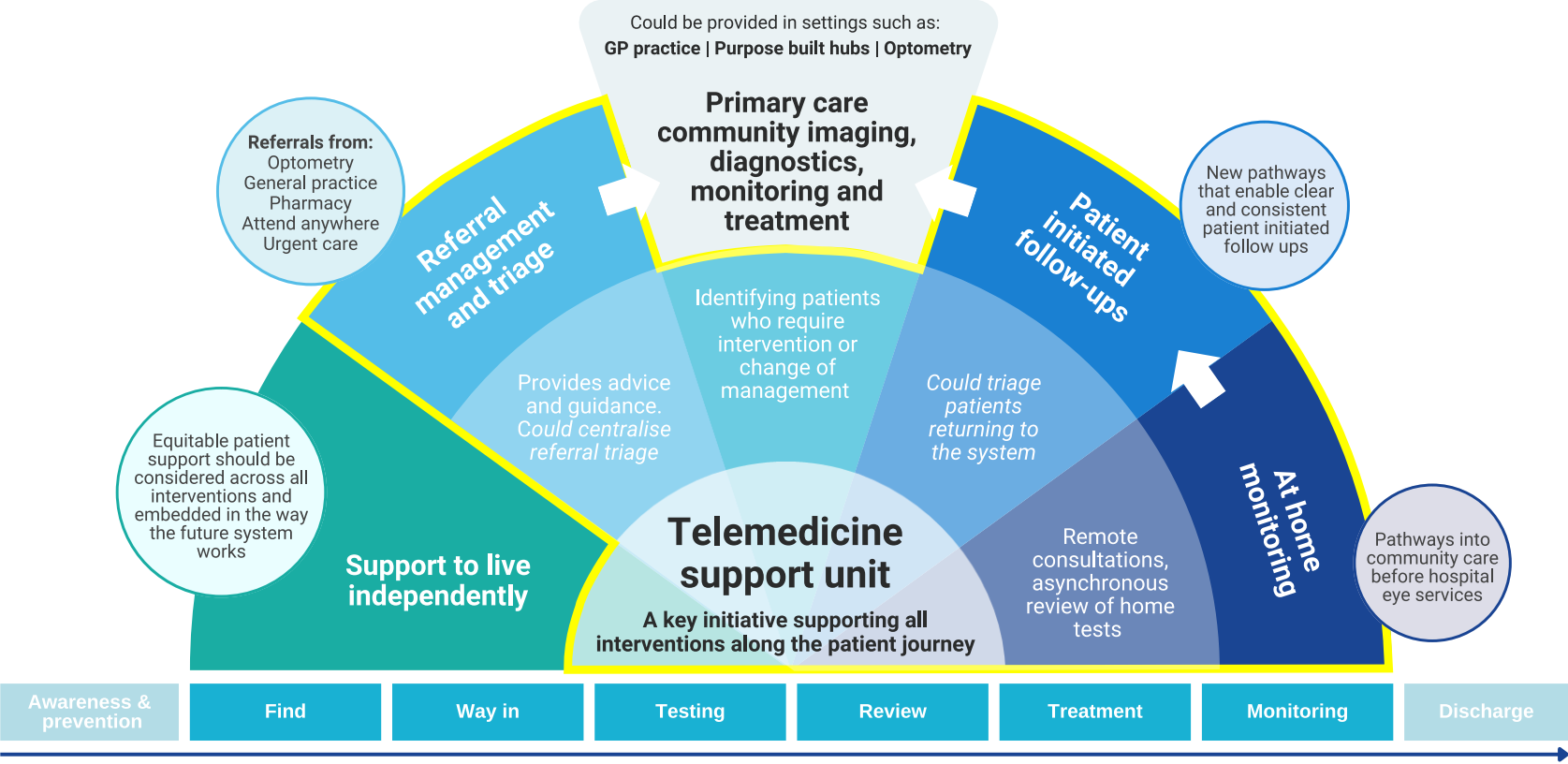
From this work we know that the complex problems can't be solved in isolation.

No one initiative or enabler will deliver the system wide change required to make eyecare services sustainable for the future.

The initiatives are dependent on the enablers also being considered and addressed when testing and implementing them.

**Though some initiatives may play a more critical role in transformation and laying foundations for future initiatives.**

# Telemedicine support as a key initiative



# Telemedicine support service

The telemedicine support service is a centre of expertise that is shared across an area which provides remote support to assist and advise eyecare professionals with consulting, testing, reviewing, diagnosing and referring.

By enhancing capability and increasing capacity across the system, the telemedicine support service aims to:

- prevent high volume low complexity patients being sent to a hospital setting unnecessarily
- increase capability to manage more complex patients out of hospital settings
- increase the speed to resolution for patients
- ensure equitable allocation of referrals and best use of resources, and in turn equitable access to services by patients
- provide education and skill sharing and development across eye health professionals
- strengthen professional relationships between primary and secondary care
- ensure equitable access to expertise for patients

There are **various functions** that could be enabled within a telemedicine support service:

1. Asynchronous review of patient data and clinical decision making
2. Quality assurance of eyecare services
3. Providing advice and guidance to eyecare professionals in the community
4. Central triage of referrals
5. Remote patient consultations to support triage decisions for out of hours and emergency services

The design of the telemedicine support service interfaces with the other the initiatives. **Therefore, its design is dependent on the design of the other initiatives** and vice versa. This will impact the blend of roles required, the decision making and escalation pathways and business processes. The telemedicine service supports and enhances the other six initiatives.

# Telemedicine support service

## How does this solve problems identified in phase one?

Implementing a telemedicine support service will:

- enable the capture of more consistent and comparable data
- create feedback loops between parts of the system so care settings can learn and develop new skills/confidence
- balance demand and capacity across the system by allocating patients to community care settings where appropriate
- centralise roles that are in high demand to share resources and balance workforce issues
- enable end-to-end pathway design by supporting different care settings and providing quality assurance
- connect different parts of the system together, across the community and acute settings, enabling communication and building trust

## How does it help reach the overarching goal?

The telemedicine support service aims to support the delivery of care in the community and out of acute care settings. Reducing the number of patients being seen in hospital not only reduces the demand burdening hospital eye services (HES), but it also ensures patients can be seen as to resolution as quickly as possible too.

# Equitable patient support

Equitable patient support means embedding support for **all** patients and carers whose lives are affected by an eye health diagnosis or visual impairment. This means **support is available across the whole pathway and in all care settings and has a strong emphasis on ensuring equity of access to care.**

A variety of patient support options would be available based on the needs of the individual. Types of support should include:

- awareness raising/signposting to services
- patient and carer education to manage and live with conditions and diagnoses.
- enabling access to and take up of support services
- targeted support to patients who may face additional barriers to accessing health care such as language, disability, socioeconomic status and digital confidence

**Delivery of patient support would occur at both national and local levels** and would be enabled by:

- good working relationships and trust between providers
- increased awareness of (for both patients and eyecare professionals) and access to available patient support services locally, perhaps via a directory.
- sharing information across patient pathways, between providers and settings to improve referral processes and having access to care records to provide the most appropriate support and advice.
- data and algorithms which automatically identify need, prompt reminders and referrals to health care professionals and, in some cases, automatically refer to support where appropriate.
- harmonisation of information and advice nationally to improve patient use and trust in online advice.

# Equitable patient support

## How does this solve problems identified in phase one?

Embedding equitable patient support will:

- increase the consistency, stability and funding for social support roles across the eyecare system
- create multiple routes into support, embedded across a patient's journey, so patients get the help they need when they need it, regardless of condition or care setting they attend
- improve patient health and wellbeing outcomes due to improved access to health care and increased compliance with self-management of eye health
- connect patients to additional support they may require (e.g. low vision services)
- reduce demand on other mental and physical health services as a result of better management of eye conditions and the impact of eye conditions on patients' lives
- reduce the demand on clinical time to provide emotional and practical support

## How does it help reach the overarching goal?

Empowers patients to not only have better outcomes with current conditions, but to prevent further deterioration of sight through better understanding of conditions and compliance with treatments.

*Note: We haven't spoken directly to patients in this project, when this initiative is tested, patient input will be required to validate these assumptions.*



# Next steps - Transformation

*Following business case approval.*

The next phase of work needs to identify user needs and co-design and test initiatives with them. Testing should consider the enablers and be conducted with a variety of ICSs who can test different variations of the initiatives. Outlined below are the key next steps to plan and deliver testing activities with ICS partners.



**Build national  
collaboration**



**Prioritise  
initiatives**



**Select functions  
to test**



**Design tests  
around pathways**



**Decide which  
ICSs to work  
with**



**See what else is  
being planned**



**Define success  
metrics**



**Set learning  
criteria**

# Appendix

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# Future Enterprise Architecture

Optometry IT systems

# Future Enterprise Architecture – Access to information

Access to appropriate patient information has been identified as a key need to support transformation

At this time GP Connect Access Record: HTML (a Direct Care API) is the most appropriate product to provide access to the patient record for optometry at this time.

We are working with a number of optometry system suppliers to develop this functionality.

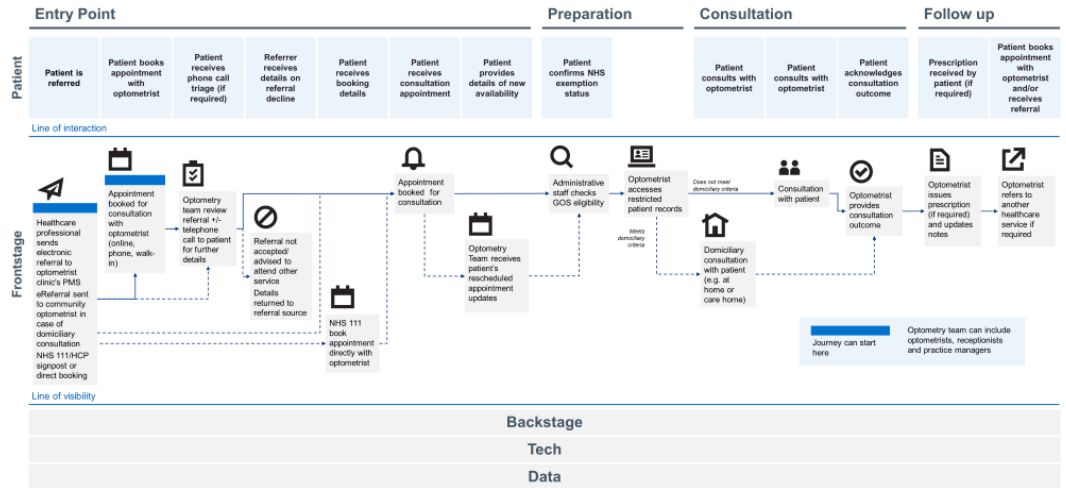
## **GP Connect Access Record: HTML will:**

- provide a read-only restricted view of the full GP clinical record integrated within the setting's own system (assured by NHS Digital)
- only be used for the purposes of direct patient care
- only be accessible for a controlled group of registered clinical staff
- not share information identified in the system as confidential or sensitive by the GP

# Future Enterprise Architecture – patient journey service blueprint

Conceptual service blueprint to inform the development plans of IT suppliers. It is a medium-term vision of what a primary care optometrist should expect their technology provider to offer for delivery of optometry services and to meet priority user needs.

- activities in the patient pathway that the system will need to be able to support
- digital interactions that need to be done in front or with the patient
- digital interactions that don't need to be done in front or with the patient, but need to happen
- the technology used to perform this, including systems, services and applications
- data captured as this takes place
- standards that will be required to be adhered to



Find out more: [digital.nhs.uk/services/podac/optometry](https://digital.nhs.uk/services/podac/optometry)