

LOCSU

**Evaluation of a new care model
"Optometry First"
to help meet Ophthalmology demand**

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Introduction

Zoe Richmond, Optometrist

- Clinical Director, LOCSU
- Vice-Chair, Clinical Council For Eye Health Commissioning, England
- Chair, Primary Eyecare Transformation Group
- Clinical Lead, National Eyecare Recovery & Transformation Programme, NHS England, (seconded role until September 2022)

In relation to this presentation, I declare that there are no conflicts of interest.



Eyecare Transformation

Significant mismatch between capacity and demand within ophthalmology services across UK.

Traditional models for eyecare in England can no longer keep up with demand.

“Deliver long-term essential transformation of eye health services across primary, secondary and community care; driving innovative, integrated, safe, and sustainable ways of working.”

NHS England,
National Eyecare Recovery &
Transformation Programme.

“Serious NHS ophthalmology workforce shortages”

RCOphth 2022 UK
workforce census

A new care model is needed.

By broadening the scope of care delivered within optometric practice, utilising the capacity and capability already available within practice teams, we can release capacity within hospitals for more complex care.



National case for change - England:

Eye care is essential to people's health and quality of life.

Ophthalmology is one of the busiest specialties in the NHS. It is the highest volume outpatient specialty in England with almost 8 million outpatient appointments a year and more than half a million surgical procedures. (NHS Digital)

Ophthalmology accounts for almost 10% of the NHS backlog (NHS England)

Experts expect a 40% increase in hospital eye care over the next 20 years if no action is taken

(RCOphth The Way Forward).



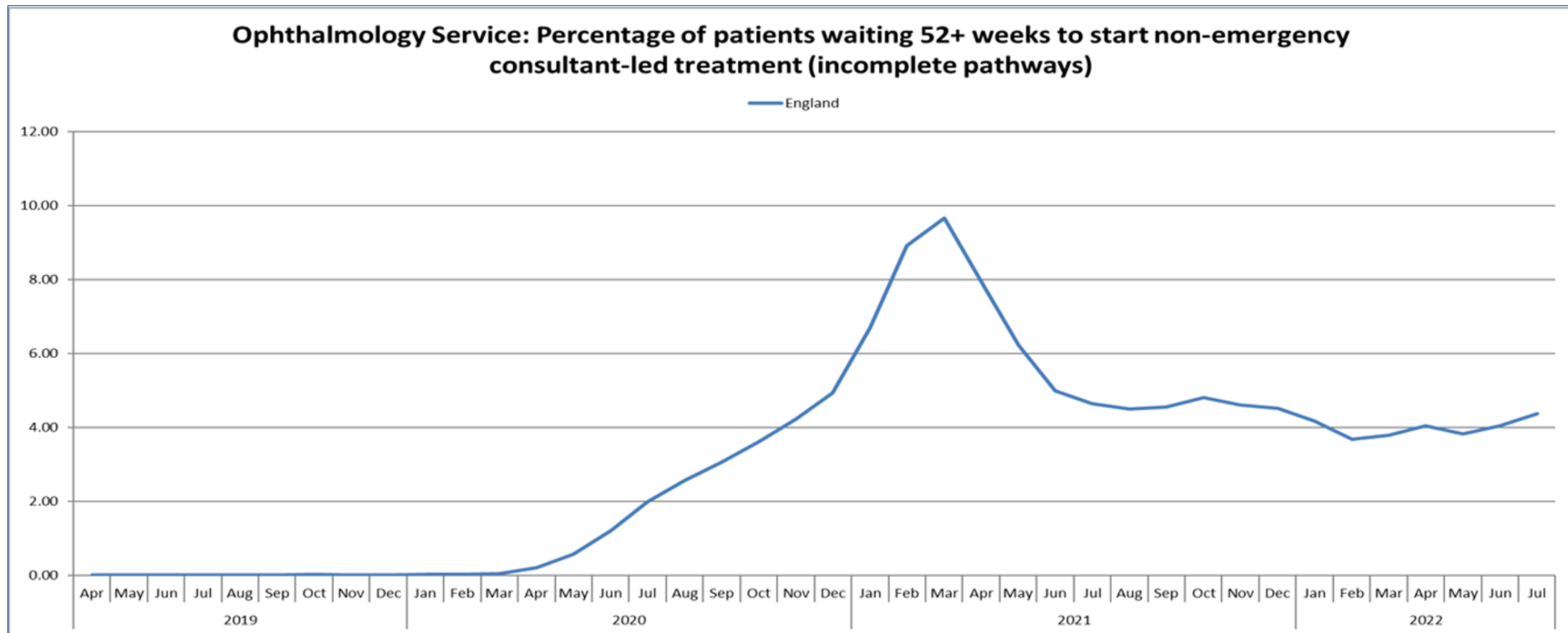
Before Covid exacerbated delays, up to 22 patients each month were reported to be losing their sight due to service-initiated delays (Health Safety Investigation Branch, HSIB)

% of people waiting more than a year

Over 1000 people in every 100k pop. are waiting for an ophthalmology appointment

4% of patients have been waiting more than 52 weeks

52 week waits peaked at 10% in 2021

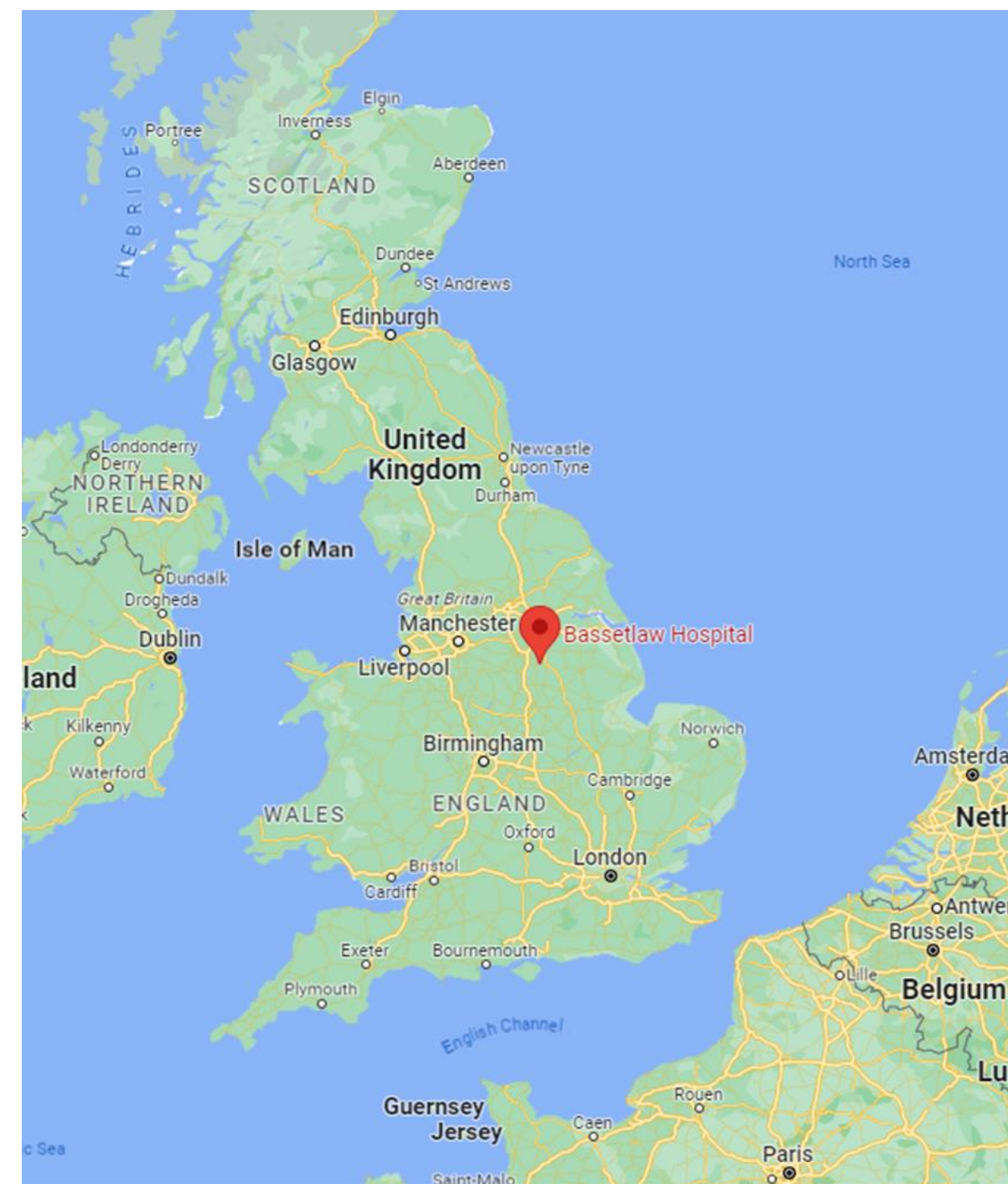


Local Case for Change – Bassetlaw:

Rural Bassetlaw (pop 118,000) served by 10 local Optometry practices.

Capacity pressures within local Hospital Eye Service (June 2021):

- 4,378 patients waiting for a first appointment, average wait of 50 weeks, some waiting 104+ weeks
- 9,862 patients waiting for follow up care
- COVID-19 infection prevention and control rules exacerbated an already difficult situation
- Staff vacancies at all levels; Consultants, Junior Doctors, Nurses and admin



Bassetlaw selected for Optometry First

Model Hospital Data:

- Percentage of Outpatient Attendances that are new – 24% (Peer Median 23.7%)
- Percentage of Patients discharged after their first attendance – 30.6% (Peer Median 23.1%)
- Patients Waiting to start non-emergency consultant led treatment (incompletes) per 100,000 population – 791 (Peer median 891)

Alongside, internal transformation in the hospital, initiatives were needed to:

- Reduce the demand on hospital services
- Better understand local need and referral appropriateness

Selected by NHS England as an Early Adopter of Optometry First to explore primary care capacity and capability as a sustainable solution



Optometry First Initiative

- Continuation of CUES – a COVID response urgent eyecare service delivered from a network of optometry practices, highlighted a new way of working and underutilised eyecare workforce
- Phased implementation of a comprehensive Optometry Service, designed and promoted by LOCSU and NHS England, in partnership with key national and local stakeholders.
- **Audit of backlogged referrals to identify activity suitable for the new Optometry First Service**
- Local commissioning of new pathways to build this comprehensive optometry service, beyond sight testing



Optometry First
“A comprehensive new care model fully utilising Primary Care Optometry in the delivery of first contact care to resolution and continuity of care for people with a long-term eye condition, working in partnership with the hospital”.

NHS England
National Eyecare
Recovery and
Transformation
Programme. 2021

Results

Referral audit:

In total 2191 referrals into Doncaster & Bassetlaw Teaching Hospitals were audited, with a view to redirecting appropriate activity out of hospital.

This included:

- 1,640 from Doncaster. 1041 adults and 599 children
- 551 from Bassetlaw. 332 adult referrals and 219 for children



Results

Bassetlaw referral audit outcome:

55% paediatric referrals were considered suitable for Optometry and redirected to Optometry First service, with 75% fully managed out of hospital.

27% of adult referrals were suitable for Optometry and redirected to Optometry First service, with 87% fully managed out of hospital.

Similarly for **Doncaster:**

58% of children referrals and 13% of adult referrals could be appropriately redirected to their locally commissioned enhanced optometry pathways.



Results

There was a reduction in demand for ophthalmology services with a corresponding reduction in waiting times.

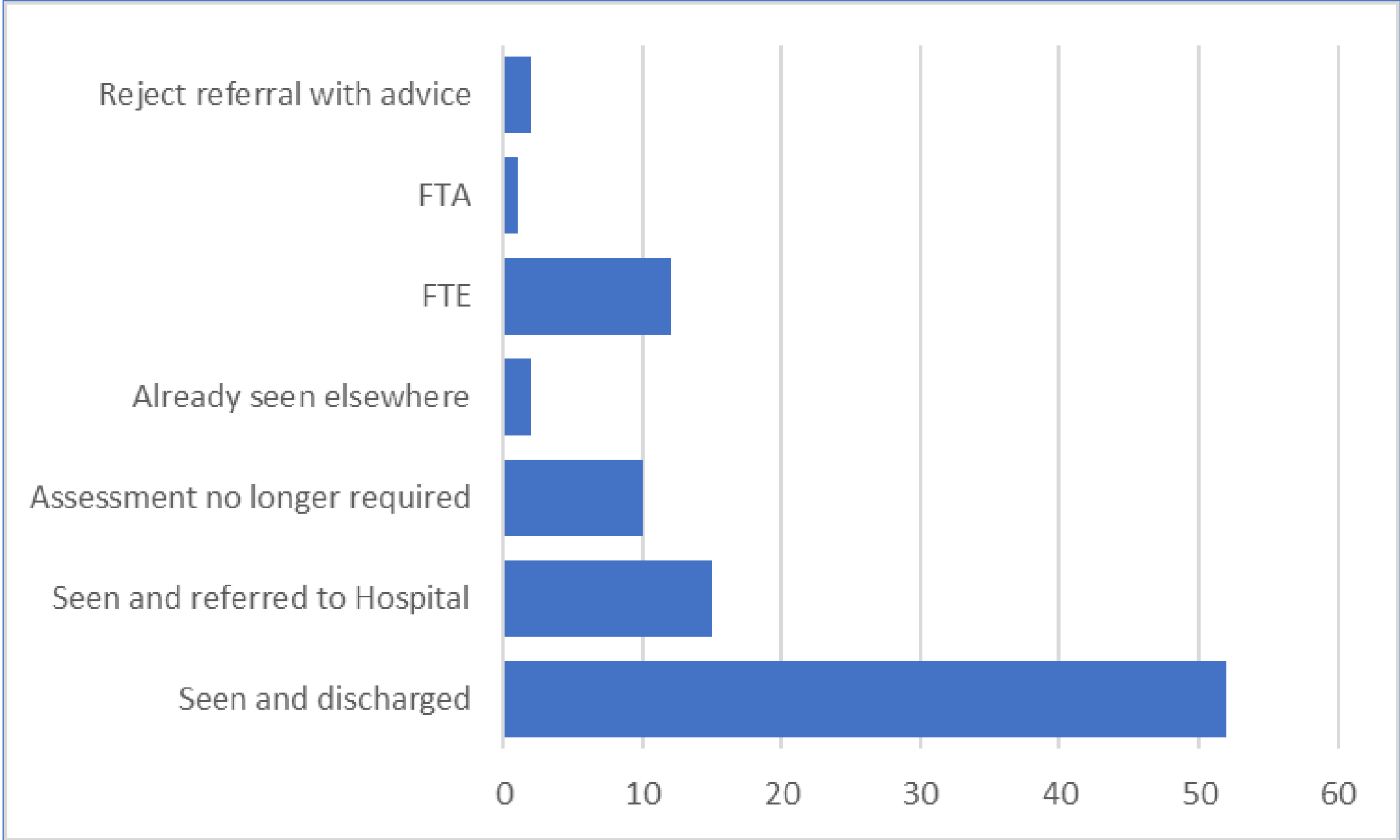
Impact on ophthalmology service:

- 692 (32%) of the backlogged referrals were redirected out of hospital
- Number of patients waiting over 52 weeks for treatment has reduced by 69%
- No-one locally is now waiting over 104 weeks for ophthalmology
- Patients awaiting a date for 1st appointment is down 68%



Outcomes from Bassetlaw Optometry

First Service - Adults



Failed to engage (FTE)
Patient who was transferred to optometry First but did not respond to phone calls or letters to make an appointment

Failed to attend (FTA)
Patients who made an appointment but did not attend that appointment

Rejected referral with advice.
Referral didn't meet local protocols.

Only 15 adults were seen in the Optometry service and ultimately referred to hospital.

Outcomes from Bassetlaw Optometry

First Service - Children

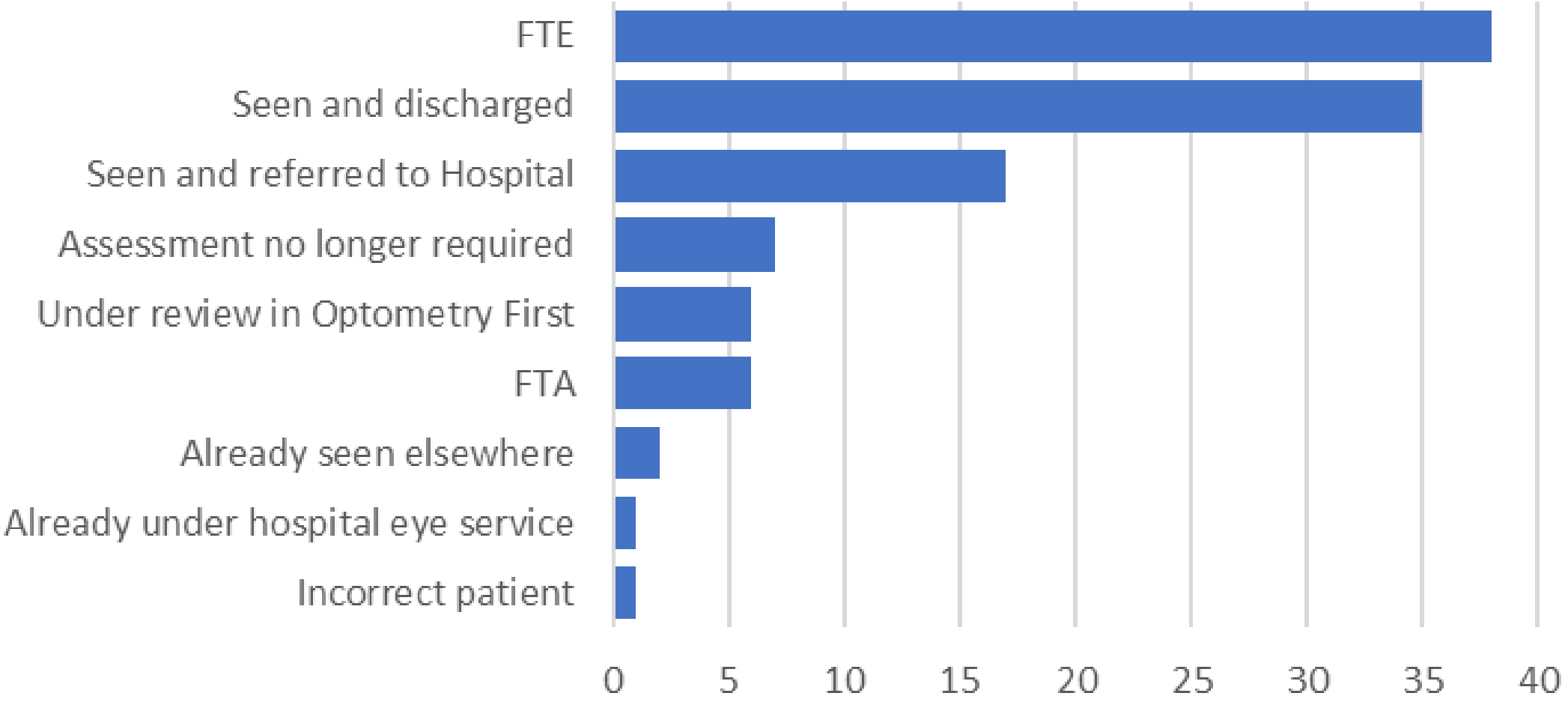
Most children seen under the service simply needed a refractive correction or no intervention at all.

There is a high failed to engage rate. However, it is very likely that parents had already sought advice, rather than waiting months/years for a hospital appointment.

Some children have been found to have amblyopia

Children ultimately referred to the hospital will have had their treatment initiated in Optometry

FTE and Seen and discharged have noticeably higher 'Count'.



Next steps Bassetlaw

Bassetlaw has now introduced a referral assessment service (RAS), delivered by primary care optometrists.

In 2022/23, 30% of referrals into the RAS have been redirected to Optometry First with advice and guidance to manage the patient outside of the Acute Hospital Eye Service.

The implementation of the RAS has resulted in, or at least contributed significantly to:

- 9% overall reduction in referrals to hospital
- 33% reduction in internal consultant to consultant referrals within the hospital

Informed by the referral audit and RAS data, the scope of the Optometry First service will now be expanded. Work has also commenced to move low risk glaucoma patients to Optometry First for monitoring and management.



Conclusions & Recommendations

- These results confirm that optometry can be utilised to help meet demands in ophthalmology and reduce waiting times.
- To meet growing demand in England in a sustainable way, the transformation of eyecare services must involve managing more patients in primary care, making better use of the available workforce.
- The transformation of eye care services should involve working as a single ophthalmic service, providing seamless care, better utilising the available workforce across all providers.
- Referral audit should be a first stage for eyecare transformation.



Any Questions?



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