



Staffordshire Enhanced Services: A Platform for Eye Care Transformation

Brief Overview

Locally commissioned enhanced eye care services have provided a glimpse of how Eye Care Transformation can be achieved by utilising optometrists' skills to deliver timely, easily accessible eye care with good clinical outcomes, ultimately preventing vision loss and aiming to improve patients' quality of life.

Capacity and financial pressures on existing local NHS resources, combined with shifts in patient demographics have created an unprecedented demand for services. In response, after clinical consensus between the Local Optical Committee (LOC) and Local Eye Health Network (LEHN) members, the Integrated Care Board (ICB) agreed to commission a first wave of core enhanced services aimed at reducing referrals into Hospital Eye Services (HES) and enabling more patients to be managed within the community. This has expanded the clinical roles of primary care optometrists. Two-year outcome data supplied by Primary Eyecare Service Limited (PES) demonstrates the effectiveness of the services.

Introduction

As eyecare professionals, primary care optometrists possess the skills, knowledge and equipment to manage a broad scope of eye-related concerns. By embedding structured enhanced services within community optical practices, care can be delivered closer to home and in a timely manner, achieving:

- A. Reduction of the HES backlog
- B. Reduction of avoidable sight loss through strategic service delivery across both referral refinement and condition management pathways

The locally commissioned pathways across Staffordshire & Stoke-on-Trent ICB area include:

1. Covid-19 Urgent Eyecare Services (CUES), including Independent Prescribing (IP) & Optical Coherence Tomography (OCT)
2. Glaucoma Filtering Services - Glaucoma Repeat Measures (GRM) and Enhanced Case Finding (ECF)
3. Integrated Cataract Services (Pre-cataract and Post-operative cataract examination)
4. Paediatric Shared Care Service (POSC) (North Staffordshire and Stoke-on-Trent only)

PES data shows that the uptake of Enhanced Services has increased by almost 50% from 2022/23 to 2023/24, demonstrating the necessity of these services within community eyecare.

Outcomes

Paediatrics Pathway

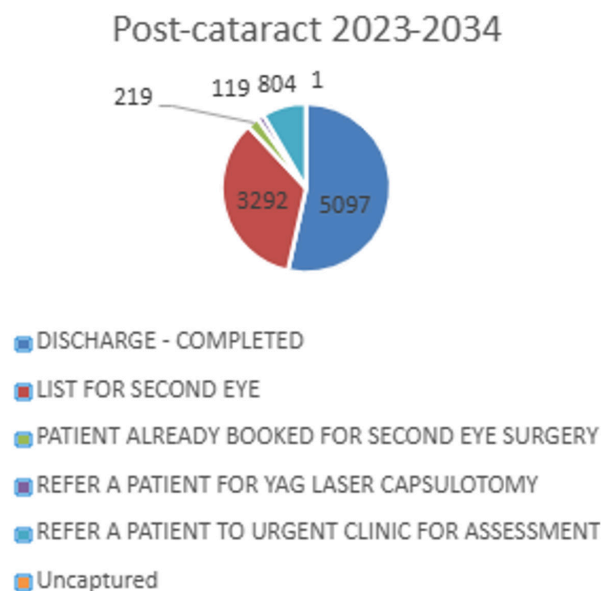
Effectively manages children within the community during their critical period of visual development – a group who traditionally have a high ‘failure to attend’ rate at HES – while also helping to reduce the acute trust backlog.

Integrated Cataract Pathway

For the pre-cataract examination service in 2023- 2024, 99% of referred patients were listed for cataract surgery. Patients with a guarded prognosis, were correctly identified and referred to acute trust HES as per local agreements.

Figure 1 presents the outcomes of patients seen through the post-cataract examination service during the same period. The majority of patients were either referred for second eye surgery or discharged, while 8.4% were identified and referred urgently to the provider or ophthalmology for further management.

Figure 1: Post-cataract examination outcomes (2023-24). Values shown represent patient numbers



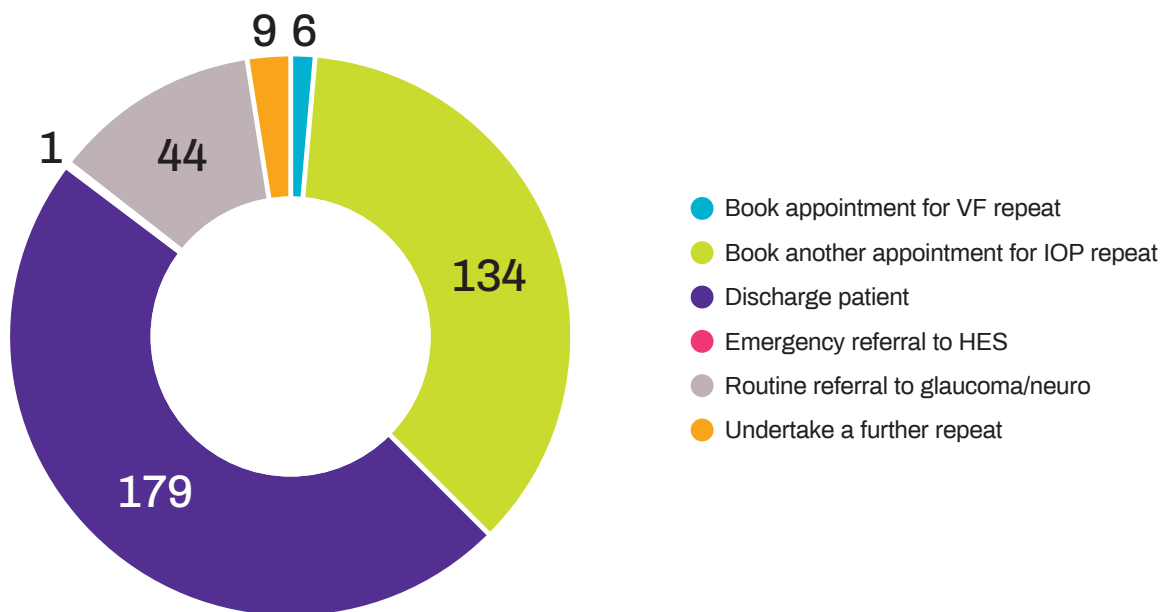
Glaucoma Pathways

The primary benefit of the Glaucoma pathway has been a reduction in false-positive referrals into secondary care – that is, fewer patients being referred to HES who do not actually require specialist management. In addition, the pathway has ensured that those patients that do require referral to HES, are seen and managed in timely manner – with GRM and ECF patients being seen within 6 weeks and 4 weeks of referral respectively, compared to the standard 18 week wait for consultant-led HES appointment.

GRM Pathway

- Achieved a **discharge rate of over 40%** in both 2022/23 and 2023/24
- In 2022/23: 359 patients seen, 151 (42%) were discharged
- In 2023/24: 373 patients seen, 178 (47.8%) were discharged (Figure 2)

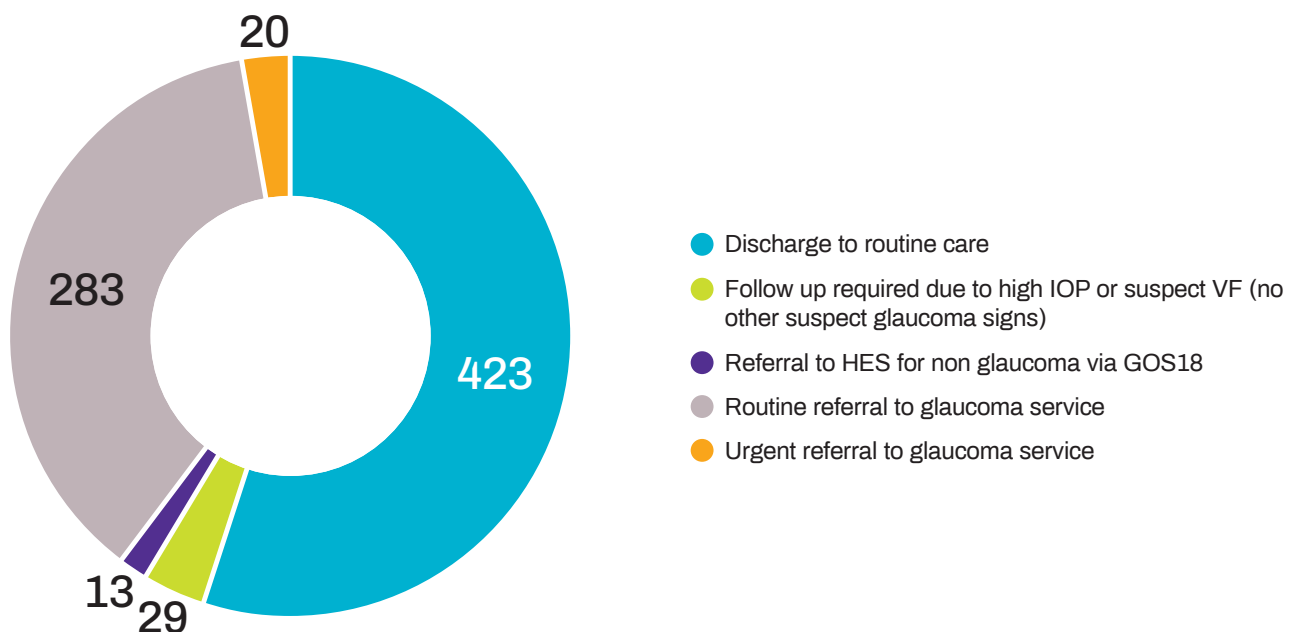
Figure 2: GRM (Glaucoma Repeat Measures) outcomes (2023-24)



ECF Pathway

- Achieved a **discharge rate of over 50%** in both 2022/23 and 2023/24
- Service launched in July 2022
- In 2022/23: 337 patients seen, 193 (57.3%) were discharged
- In 2023/24: 768 patients seen, 423 (55%) were discharged (Figure 3)

Figure 3: ECF (Enhanced Case Finding) outcomes (2023-24)



Another invaluable feature of the ECF pathway has been early identification of high- risk or complex patients requiring acute trust management, ensuring they receive timely specialist care, while only low-risk, routine cases are being managed in a mixture of ICB commissioned community ophthalmology independent healthcare providers (IHP) and acute trust settings.

COVID-19 Urgent Eyecare Service (CUES)

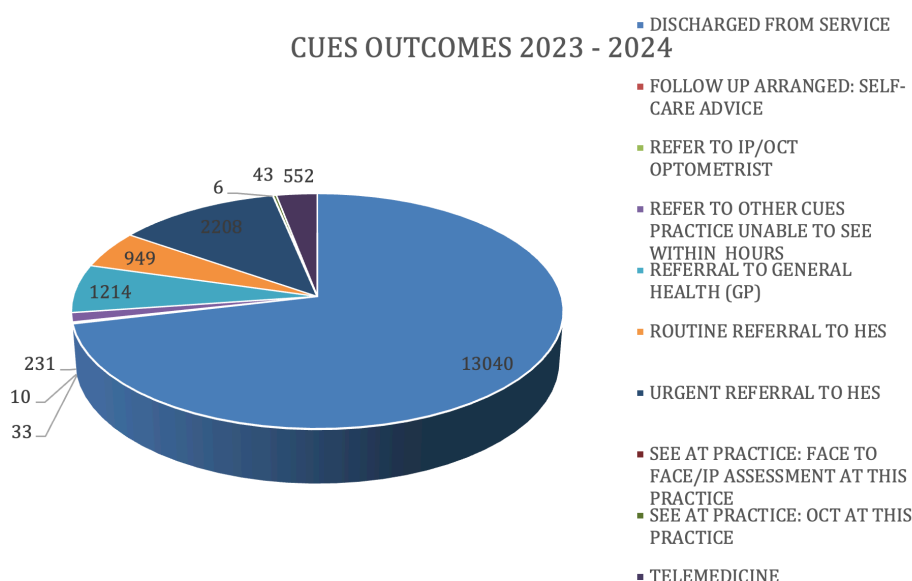
The service with the highest uptake is CUES; with a 50% increase in patient attendances from 2022/23 to 2023/24.

From the beginning of April 2023 to end of February 2024, 18,287 patients were seen.

- 13,040 (71.3%) patients were managed and discharged
- 3,157 (17.3%) patients were referred to HES
- 1,214 (6.6%) patients were referred to GPs for general health concerns

This data shows that over 70% of patients were managed and discharged from the service with only around 20% requiring referral to HES and 5-7% referral to GP for general health concerns.

Figure 4: CUES (Covid-19 Urgent Eyecare Service) outcomes (2023-24)



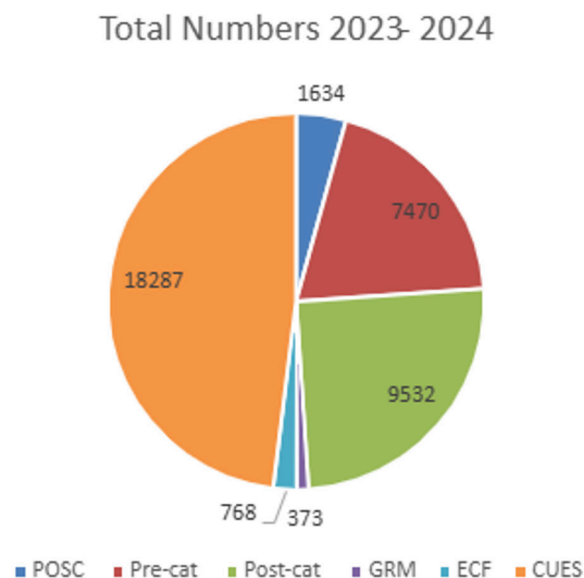
These figures highlight the effective management of a diverse range of clinical presentations within primary care optometry, which in turn has eased pressure on the HES and eye-related GP appointments, year upon year.

Total Activity

Figure 6 shows the total number of episodes seen across various enhanced eyecare services between 2023 and 2024. The largest proportion of activity was recorded in the CUES service with 18,287 cases, followed by post-cataract care (9,532) and pre-cataract assessments (7,470). Substantial numbers were also seen in the ECF service (1,634), GRM (768), and Paediatric Shared Care Service/POSC (373).

This distribution highlights the high demand for urgent care and post-operative support in primary care optometry settings.

Figure 6: Total activity across enhanced eyecare services (2023-24)



Patient Comments

“Excellent service. Everything was explained to me in a professional & easy to understand way.”
(Enhanced cataract referral)

“Quite simply my whole experience was 1st class in every way, and could not be bettered. 10 out of 10 over every aspect from start to finish. A very big THANK YOU to all concerned.”
(Post Cataract)

“I found the experience very informative from the onset, and with the information I received was very helpful and any concern I felt it was put at ease. Thank you very much.” (ECF)

“Very accessible service, staff very helpful and all the optometrists who I spoke to, and saw were pleasant, professional knowledgeable and thorough. I felt reassured after my consultation.”
(CUES)

Outputs and Impacts

The first wave of enhanced services has successfully demonstrated that primary care optometrists with core competencies can manage patients with a wide range of clinical needs closer to home – effectively caring for patients who would otherwise have been referred to hospital. This approach has been welcomed by patients and aligns closely with one of the NHS Long Term Plan ambitions to shift more care out of hospitals and into community settings. The working group (ICB and local eye care health stakeholders) is in full agreement that these services provide a strong platform for future transformative models of eyecare.

A key highlight of our Glaucoma ECF pathway is the existence of a Glaucoma Managed Clinical Network (MCN) which is a two-way educational network between primary care optometry and secondary care ophthalmology, designed to support eye care transformation.

This involves quarterly virtual meetings, and one HES-based face to face workshop per year. Each meeting involves a glaucoma-related presentation by an ophthalmologist or optometrist followed by real patient case discussions led by optometrist members.

In addition to serving as quality assurance for the ECF pathway, the MCN offers valuable opportunities for peer discussions about real patient cases as well as opportunities to pose questions to the consultant panel.

Over the two years, members find this relaxed environment highly effective in improving confidence and enhancing patient management skills, in a collaborative manner. The MCN has also proven invaluable in highlighting service improvement suggestions which the LOC can then take to the PES and ICB for consideration and action.

Building on this success, discussions are currently underway to develop new primary-secondary care collaborative community pathways making full use of a multi-disciplinary workforce and maximising the untapped potential of the optometry profession. These future pathways will serve to optimise care for Glaucoma, Cataract, Medical retina, Vitreo-retinal and Paediatric patients across Staffordshire. There is shared agreement on the value of establishing further MCN's for all future transformative pathways and talks are underway for potential Urgent eye care/ Medical retina/ Paediatric MCN's.

The UK Eye Care Data Hub* is now being used to provide current eye care workforce capacity, disease prevalence and ,incidence and projected future trends — helping to ensure the efficiency and sustainability for service models.

LOC Case Study: Staffordshire Local Optical Committee

Acknowledgements:

Primary Eyecare Service Limited (PES)
LOCSU

Supporting Information:

College of Optometrists – Clinical Management Guidelines
College of Optometrists – Eye care data hub
LOCSU pathways

Authors: Staffordshire LOC Chair and LOC Deputy Secretary