

Staffordshire Enhanced Services: A Platform for Eye Care Transformation



Locally commissioned enhanced eyecare services demonstrate how Eye Care Transformation can be achieved through the effective use of optometrists' clinical skills. These services provide timely, accessible care, support good clinical outcomes, help prevent vision loss, and can contribute to improved patient quality of life.

Staffordshire ICB (Integrated Care Board), working in collaboration with the LOC and Local Eye Health Network (LEHN), introduced a suite of enhanced eyecare services to meet rising demand and reduce avoidable referrals to Hospital Eye Services (HES) by enabling patient management within the community.

Two-year outcome data demonstrates the effectiveness of this model in improving patient access and supporting sustainable service delivery.

Background

A range of locally commissioned enhanced eyecare services have been implemented across the Staffordshire ICB area to manage demand and support timely, community-based care. These services enable primary care optometrists to play a greater role in delivering urgent and routine eye care, helping to reduce pressure on HES.

The commissioned services include:

- Covid-19 Urgent Eyecare Services (CUES)
- Glaucoma Filtering Services – Glaucoma Repeat Measures (GRM) and Enhanced Case Finding (ECF)
- Integrated Cataract Services – Pre-operative and Post-operative assessments
- Paediatric Shared Care Service – (North Staffordshire and Stoke-on-Trent only)

Each pathway is supported by clinical protocols, local agreements with HES, and outcome reporting via Primary Eyecare Services Limited. Uptake has grown significantly year-on-year, driven by patient need and improved access. The services continue to demonstrate the value of utilising optometrists' expertise in reducing hospital pressure and delivering care closer to home.

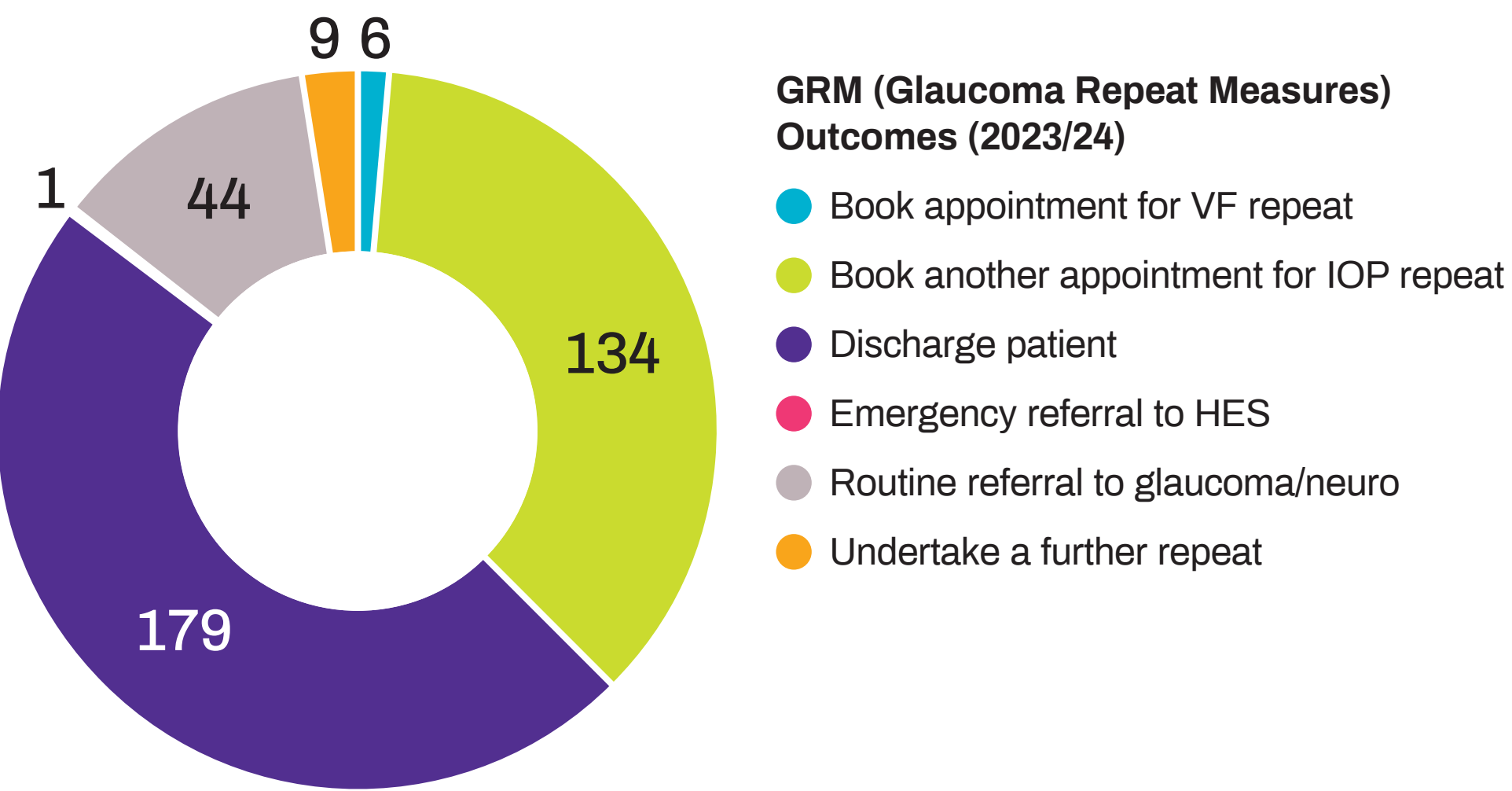
Outputs and Impacts

Outcomes of Glaucoma Pathways

The glaucoma pathways – Glaucoma Repeat Measures (GRM) and Enhanced Case Finding (ECF) – have played a vital role in reducing false-positive referrals into secondary care and ensuring timely access for patients who do require specialist input. GRM and ECF patients are seen within six and four weeks respectively, compared to the standard 18-week consultant-led HES wait.

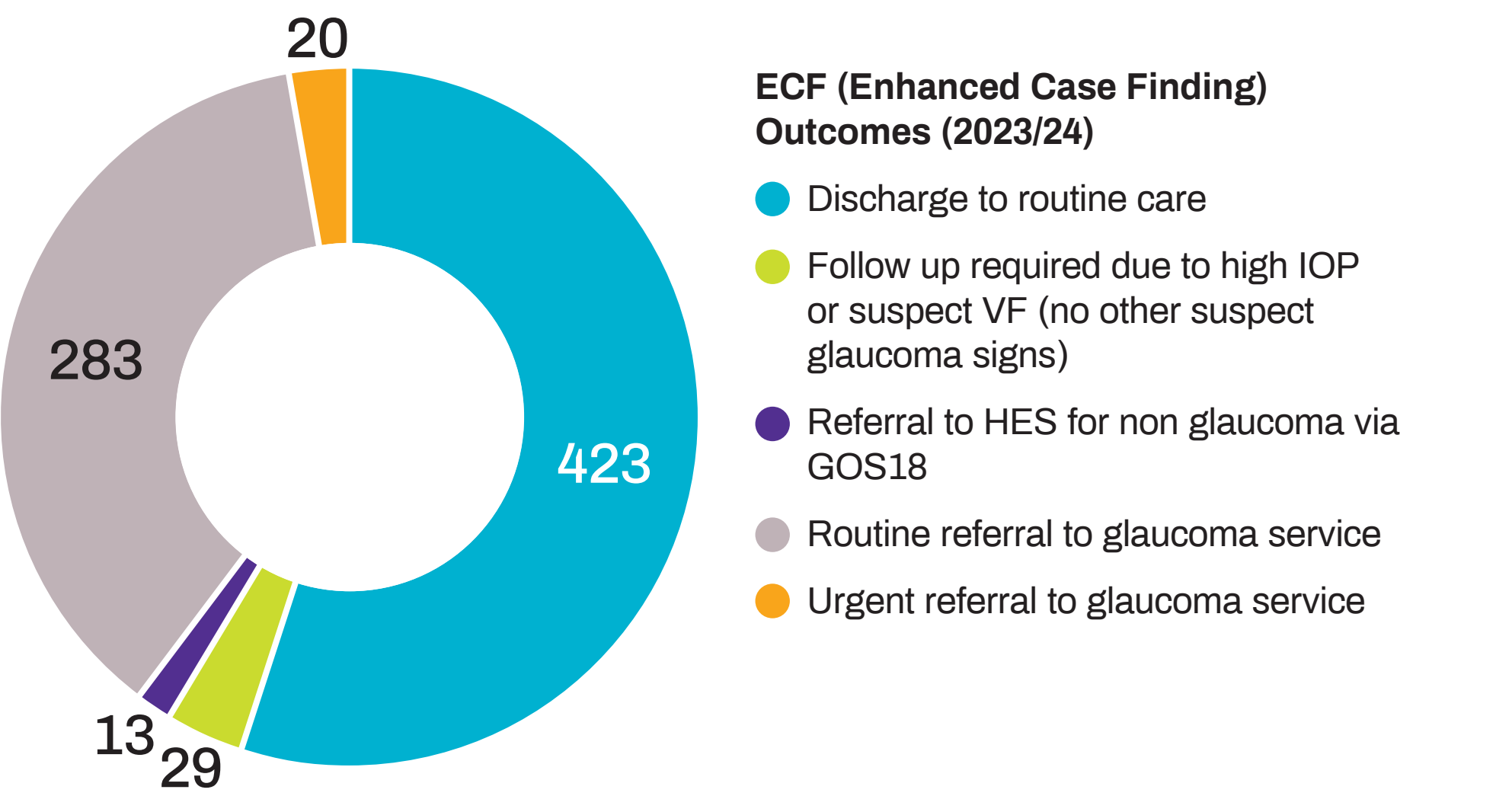
GRM Outcomes

- In 2022/23, 359 patients were seen; 151 (42%) were discharged
- In 2023/24, 373 patients were seen; 178 (47.7%) were discharged



ECF Outcomes

- Launched in July 2022
- In 2022/23, 337 patients were seen; 193 (57.2%) were discharged
- In 2023/24, 768 patients were seen; 423 (55%) were discharged
- The pathway also enables early identification of high-risk/complex patients needing direct referral to acute services



Glaucoma Managed Clinical Network (MCN)

A standout feature is the Glaucoma MCN – an ongoing collaboration between primary care optometry and secondary care ophthalmology. It includes quarterly virtual meetings and an annual in-person workshop featuring clinical talks and peer case discussions. The MCN supports clinical confidence, shared learning, and service quality, while also feeding back improvement ideas to the LOC, Primary Eyecare Services Limited, and ICB.

Next Steps in Eye Care Transformation

Discussions are underway to develop new collaborative community pathways between primary and secondary care, maximising the untapped potential of the optometry workforce. There is agreement on the value of further MCN's for all future transformative pathways.

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

Acknowledgements

- Staffordshire LOC Chair and LOC Deputy secretary
- Primary Eyecare Services Limited
- LOCSU

Supporting Information

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

Further LOC case studies can be found here

